CMP
ted Business Media

Chemist&Druggist
The Newsweekly for Pharmacy

C&D

16 August 2003

OTC ad ban to be lifted for 13 disease areas

NPA calls for pay parity on stoma products

GSK children's allergy booklet under scrutiny

How to manage problems in your business

No.1 in Pfarmacies

With a 26.8% share of the £28.4 million pharmacy decongestant market[1], Non-Drowsy Sudafed is the best selling brand for the relief of nasal and sinus congestion.

Not only that, but the brand is going from strength to strength and is currently showing a 7.4% growth, year on year[1].

Since its launch in 1968, the product range has been extended to treat all the symptoms of sinus congestion including pressure pain, cold, flu and catarrh.

Launching and investing in new product variants is something we at Pfizer Consumer Healthcare have great experience of.

For example, Sudafed has strengthened its portfolio in pharmacy by launching new variants such as Non-Drowsy Sudafed Dual Relief Max (Ibuprofen, Pseudoephedrine) for those with painful blocked sinuses and 12 Hour Relief (Pseudoephedrine), which lasts all day for regular sinus sufferers.

This is yet another example of *Pfizer Consumer Healthcare – the driving pforce in pfarmacy.*

Pfizer

Consumer Healthca

References:
1 AC Nielsen Value MAT March/April 2003 Pharmacy Market Data

NON-DROWSY SUDAFED 12 HOUR RELIEF
Presentation: Modified-release tablet containing 120mg pseudoephedrine hydrochloride. **Uses**: Symptomatic relief of allergic rhinitis, common cold and influenza **Dosage**: One tablet every 12 hours, maximum daily dose 2 tablets. Not suitable for children under 12 years. **Contraindications**: Hypersensitivity, severe hypertension, severe coronary artery disease, use of MAOIs or furazolidone in preceding 14 days. **Precautions**: Mild-to-moderate hypertension, renal impairment, severe hepatic impairment, heart disease, diabetes, hyperthyroidism, glaucoma, prostatic enlargement **Interactions**: Tricyclic antidepressants, other sympathomimetic agents e.g. decongestants, appetite suppressants, amphetamine-like psychostimulants. May reverse hypertensive action of drugs which interfere with sympathetic activity e.g. bretylium, bethanidine, guanethidine, debrisoquine, methyldopa and alpha and beta blockers. **Pregnancy & lactation**: Not recommended. **Side & adverse effects**: Sleep disturbance, skin rash, urinary retention, hallucinations. **RRP (ex VAT)**: 6s: £2.54, 12s £4.25. **Legal category**: P. **PL number**: 15513/0034. Further Information available from Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire, SO53 3ZO. **Date of preparation**: July 2003

NON-DROWSY SUDAFED DUAL RELIEF MAX
Presentation: Tablets containing Pseudoephedrine HCl 30mg, and Ibuprofen 200mg. **Uses**: Symptomatic relief of cold and flu symptoms including nasal & sinus congestion with headache, pain & fever. **Dosage**: Adults and children over 12 yrs: 1 or 2 tablets every 4 to 6 hours, maximum 6 per 24 hours. Under 12 yrs: Not recommended. **Contraindications**: Hypersensitivity, heart disease, circulatory problems, kidney disease, peptic ulcers, hypertension, diabetes, phaeochromocytoma, closed angle glaucoma, allergy to aspirin or other NSAIDs, concurrent use of tricyclic antidepressants, painkillers or decongestants, use of MAOIs in the past 2 weeks. **Use in pregnancy**: Not recommended. **Precautions**: Asthma, thyroid disease, prostatic hypertrophy, renal or hepatic impairment. **Side and adverse effects**: Hypersensitivity reac insomnia, dizziness, excitability, anxiety, tremor, palpitations, dry mouth, nausea, dyspepsia, GI bleeding, loss of appetite, thirst, skin rash, ches and less frequently muscle weakness, difficulty micturation, hallucinations and thrombocytopen **RRP (ex-VAT)**: 12s £2.54, 24s £3.99. **Legal ca** P. **PL Holder**: Whitehall Laboratories, Hintercor Lane South, Taplow, SL6 0PH **PL Number**: 001 Further information available from Pfizer Consu Healthcare, Chestnut Avenue, Eastleigh, SO53 3 **Date of preparation**: July 2003.

Editor
Charles Gardner, MRPharmS
News Editor
Gary Paragpun, MRPharmS
Business Editor
Jasel Janikoski
Clinical Editor
Fiona Salvage, MRSC
Contributing Editor
Adrienne de Mont, FRPharmS
Marketing Editor
Sarah Thackray
Production Editor
Ian Jones, BA
Group Production Sub Editor
Richard Chandler
Editorial secretary
Jan Powis
Editorial (tel): 01732 377457,
(fax): 01732 367065,
chemdrug@cmpinformation.com
Price List
Clare Simpson (Controller),
Darren Larkin, Maria Locke
Price List (tel): 01732 377407
(fax): 01732 377559
Group Sales Manager
Quentin Soloe
Sales Manager
Mark Walley
Classified Executive
Debra Thackeray, BA
Advertisement secretary
Elaine Steele
Advertising (tel): 01732 377631,
(fax): 01732 377179
Projects and Price Service Manager
Patrick Grice, MRPharmS
Pharmacy Projects
Mary Prebble
01732 377269
Production
Katrina Avery
Publishing Director
Fergus Wilson

© CMP Information Ltd
Chemist & Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter

Published Saturdays by
CMP Information Ltd,
Sovereign Way,
Tonbridge, Kent TN9 1RW

C&D on the internet at
http://www.dotpharmacy.com/

Subscriptions (Home) £155 per annum, (Overseas & Eire) $369 per annum including postage, £2.60 per copy (postage extra)
Additional Price List: £100 per annum

Circulation and subscription:
CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF
Telephone 01858 438809
Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer

The editorial photos used are courtesy of the suppliers whose products they feature

PPA
ABC
CMP
United Business Media

www.dotpharmacy.com

Chemist & Druggist
The Newsweekly for Pharmacy
Volume 260 No 6406
144th year of publication
ISSN 0009-3033

This week

DoH lifts OTC advertising restrictions 4
The DoH is to add a further 13 disease areas to the list of conditions for which OTC products can be advertised directly to the public. Pharmacy organisations have welcomed the new indications which include CVD and osteoporosis

NPA seeks parity on appliances 5
The NPA wants to eliminate the advantage appliance contractors have in stoma care. It is calling for a properly structured and tiered remuneration system for all appliance and pharmacy contractors

No need for urgent HRT changes says CSM 6
In spite of recent media speculation on breast cancer incidence in women using combination hormone replacement therapy, the Government is telling pharmacists there is no need to initiate urgent changes

Death highlights internet problem 8
A student who died after buying huge quantities of antidepressants illegally on the internet, has highlighted the problem of policing websites based abroad. The MHRA is looking at ways to combat the threat

Mr Sneeze gets up MHRA's nose 9
The Mr Men book on allergies, commissioned by GlaxoSmithKline, is being investigated by the MHRA on the grounds that it may be advertising medicines to children

Pharmacy practice

Giving birth 17
In her third article on baby and child development, Fawz Farhan focuses on advice pharmacists can give on complications in pregnancy and on childbirth

Regulars

Question Time 6
Opinion 12
Letters 12
Xrayser 13
Medical Matters 20
Marketwatch 21
Classified 31
Back Issues 34

Features

Taking good advice 23
Some advice on advisers from business development manager and pharmacist Richard King

Female sexual dysfunction 26
A new category of illness created to generate profits or a legitimate target for drug development? Alan and Elizabeth Riley report

Business matters: managing problems 28
In his tenth and final article, Dr Terry Maguire suggests your customers will judge you on how you deal with their problems

DoH lifts OTC ad restrictions

Adverts promoting aspirin 75mg tablets for the secondary prevention of heart attack or stroke, and calcium and vitamin D for osteoporosis could be on television by the end of the year, following a relaxation in the OTC medicine advertising rules.

Welcoming the DoH's move to add a further 13 disease areas to the list of conditions that can currently be advertised directly to the public, PAGB chief executive, Sheila Kelly, said: "There is no doubt that the real interest is in getting new indications for OTC sale. New ingredients are well and good but what grows the market is new indications. As more medicines move from prescription control, it is essential that they can be advertised to the public."

As well as cardiovascular and bone diseases, the DoH's advertising relaxation applies to diseases of the liver, biliary system and pancreas; endocrine diseases, such as menstrual disorders and

Sheila Kelly welcomes a relaxing of advertising restrictions

obesity; genetic disorders, such as cystic fibrosis, joint, rheumatic and collagen diseases; psychiatric diseases; as well as serious eye and ear, gastrointestinal, neurological and muscular conditions; renal, respiratory and skin disorders, such as chronic obstructive pulmonary disorder, chronic stable asthma, impetigo and psoriasis.

Restrictions will, however, remain on direct-to-consumer advertisements for POMs and those for non-prescription items for chronic insomnia, diabetes and other metabolic diseases, serious infectious diseases including HIV-related disease, tuberculosis and sexually transmitted disease.

The changes will not come into force until guidelines for advertisers, and information and training for pharmacy staff are available. The Medicines and Healthcare products Regulatory Agency is working on this with industry and health professionals. The PAGB says cardiovascular products will be a priority as the Government aims to switch statins from POM to P.

PSNC chief executive Sue Sharpe also welcomed the move. She said: "We support changes that promote patients to take control of their conditions, better manage their medication and make better use of community pharmacists' skills."

SOS group's alternative legal opinion at odds with Society view

The Save Our Society group's legal expert says the Royal Pharmaceutical Society's draft Charter has not been well drafted and needs to be re-thought.

In an article for *C&D* (*page 14*) Michael Scott, a charities and chartered bodies expert at Charles Russell Solicitors, says the draft Charter needs to be re-thought without aiming at charitable status and should concentrate on how the Council will manage the regulatory function as well as achieve the other existing objects.

Calling the proposed relegation of the object promoting members' interests to a power a "very radical change", he says that unless legislation is passed dictating otherwise, "a chartered body with appropriate objects can promote its members' interests and also fulfil a regulatory function".

This contrasts with the view of RPSGB's legal expert Robert Bulling. He said, at the Society's AGM, that the draft Charter could not promote both public and members' interests as top objects because this would lead to a conflict of interest.

The SOS group employed Mr Scott because it felt there were alternative viable legal positions regarding the Society's modernisation plans, which had not been put forward.

SOS campaigner Mark Koziol, said: "The Robert Bulling view is certainly a view but it's not the only view and, in fact, there are a number of perfectly feasible alternatives."

Although Mr Bulling's integrity is not in question, Mr Koziol suggested that if a person acted both as a MSG member and its legal expert, this situation could lead to a conflict of interests.

Mr Koziol said: "If the Society had a modernisation steering group that went out to seek advice now and again on matters of technical importance then it wouldn't really matter to [the MSG's legal expert] whether they [the modernisation proposals] went this way, that way or the next way. He [the legal expert] would be simply there as an independent adviser."

Asked if there was a conflict of interest if the MSG's legal adviser was also part of the MSG and thus able to influence other MSG members purely because of his or her status as the legal expert, the RPSGB replied: "The external members of the group, Dr John Evans, Lord Newton of Braintree, Prof Peter Noyce and Mr Robert Bulling are all independent. Each brings their own expertise to the group's discussions. In common with normal Society procedures, all members of the Modernisation Steering Group would be expected to declare any conflicts of interest as they arose."

PRACTICE

NPA's early submission to Shipman Inquiry

The NPA says it will make further submissions to the inquiry investigating the serial killer Harold Shipman following last week's proposal by the inquiry to look at Controlled Drug use in the community (*C&D, August 9,p4*).

Chief executive, John D'Arcy, said: "In addition to these submissions, the Association will also be preparing a full response to the latest consultation on the use and monitoring of controlled drugs in the community, and it has been invited to attend the seminar that will be held in January 2004.

Although the NPA accepts there is a need to examine the way CDs are managed in community pharmacy, it stressed that any additional burden on pharmacists must go no further than absolutely necessary to protect the public in a way that is proportional to the risk.

There is a danger, according to the NPA, that a burdensome regime would lead some contractors to ask whether they should continue stocking CDs and that such a move would not be beneficial to patients.

The NPA has also rejected a proposal to make pharmacists keep running balances in CD registers unless CD registers could be kept electronically so that the software automatically calculated the balance. The Association believes that this proposal would not assist in highlighting the activities of an ill-intentioned GP who wanted to use CDs to harm patients.

MEDICINES

NaCl recall

Baxter Healthcare is recalling two batches of Sodium Chloride 0.9 per cent Intravenous Infusion BP following reports of a small number of bags containing white particles.

The company is contacting customers who are known to have received the batches - 03F19TF and 03F19TFA, expiry date 05/2006 - direct to arrange credit and/or replacement.

For more information:

Baxter Healthcare
Tel: 01635 206060: Northern team
or 01635 206161: Southern team

Eprex recall

Janssen-Cilag is recalling all batches of Eprex (epoetin alfa) manufactured during 2002 of the following strengths – 1,000 units per 0.5ml, 2,000 units per 0.5ml, 3,000 units per 0.3ml, 4,000 units per 0.4ml and 10,000 units per ml.

The recall is because low levels of extractables from the plain rubber stopper have been found in the product but there is no evidence of any health risks, says Janssen-Cilag. Affected batch numbers all begin '02' and all expiry dates are still in date.

Pharmacists should quarantine any affected batches and Janssen-Cilag will contact pharmacists to arrange for return and replacement. The company says the 2° to 8°C storage requirements do not apply for quarantine or return of this stock.

Pharmacists should note that the recall also applies to parallel imported Eprex. Any batches beginning '02' should be quarantined and returned to the parallel importer. Contact details of parallel importers known to have imported affected stock are available on *C&D*'s website, *www.dotpharmacy.com*.

For more information:

www.mhra.gov.uk

Janssen-Cilag

Tel: 0800 333001

NPA seeks parity on appliances

The NPA is calling for a level playing field in stoma care. It wants a properly structured and tiered remuneration system for all appliance and pharmacy contractors.

In its response to the DoH's consultation on stoma appliance contractors' remuneration (*C&D, June 7, p5*), the NPA wants a standard payment for supply coupled with extra payments for pre-identified additional services.

NPA director of practice Colette McCreedy, said: "Appliance contractors appear to have held the DoH to ransom with their sponsored stoma care nurse positions and 'additional services' such as home delivery, flange cutting and patient helplines."

The NPA, in seeking to "dispel the myths" about the additional services provided by appliance contractors, told the DoH: "Pharmacists can and do provide home delivery, they are available for face-to-face as well as telephone consultation and, with training and access to a patient's template, they can also provide a flange cutting service when required."

In addition, the NPA criticised the tone of the consultation, calling it "unfocused and uninformed" as well as "seeming to have made its decision already".

"Although [the document] lists other remuneration options, it seems to dismiss them out of hand...the document does not consider how pharmacy contractors are reimbursed or remunerated, and yet draws invidious comparisons between the supplies from the two types of contractors," added the NPA.

The NPA wants a tiered remuneration service for the supply of stoma appliance. Its proposals call for:

- A reasonable payment for whoever supplies stoma appliances. Appliance contractors are overpaid for their supply service while pharmacy contractors receive less than fair payment.
- The DoH, with stakeholders such as patient representatives should determine what additional services (eg flange cutting) are required and introduce a structured framework to provide and pay for these, irrespective of which contractor provides them.
- Alternatively, community pharmacists wishing to supply ostomy and incontinence products and services should be allowed to apply for appliance contracts separate from their pharmaceutical contracts and be paid in the same way as appliance contractors for appliance supply and services.
- PCTs should ensure that patients have access to a choice of suppliers of additional services.
- The supply of accessories should not be regarded as an 'additional service'. Any items considered necessary (eg disposal bags) should be listed in the *Drug Tariff* and not supplied 'free' from unduly high on-cost margins on other items.
- A tiered fee-based approach will remove the incentive to encourage the prescribing of large quantities of expensive items. Fees should relate to the aspect of the service, (eg supply, flange cutting, domiciliary visit) rather than to the nature of the provider.
- The NHS should employ stoma nurses directly. Changing the current remuneration arrangements will yield savings to pay for this. It is inappropriate that the NHS makes high payments to appliance suppliers on the basis that they fund 'free' posts from the on-costs paid.

Moves to tighten controls

The Royal Pharmaceutical Society's Council has approved proposals that would give the Society tighter control over the registration of pharmacy premises.

The proposals will be submitted to the Department of Health, which is currently drafting legislation as part of the Society's modernisation programme.

Under the new proposals, the Society will have more power than at present to specify what standards must be achieved before premises can register. The Society would be able to impose sanctions, such as suspension of registration, if these requirements were not met.

Pharmacy owners would have to provide the Society with an annual declaration confirming details about the pharmacy, including the fact that the premises meet the minimum requirements. It would have to include any convictions of directors or pharmacy owners in the previous 12 months.

Pharmacists and directors of corporate bodies who have been found guilty of a serious criminal offence and/or NHS fraud would not be able to own or have a controlling interest in a pharmacy.

The Society would be able to charge fees for re-inspection of premises if necessary, transferring ownership of premises and amending details in the register. There would be a statutory time limit for notifying amendments to registered details.

MEDICINES

No need for urgent HRT changes says CSM

There is no need to initiate urgent changes to women's hormone replacement therapy, the Government is telling pharmacists in light of the recent media controversy.

This advice follows publication in *The Lancet* of the Million Women Study, which showed that incidence of breast cancer in women taking oestrogen-progestogen HRT at five and 10 years, is approximately four times as high as that in women taking oestrogen-only formulations. The study concluded that combination therapy doubles the risk of breast cancer compared to non-users of HRT (*see p20*).

In light of the findings, the Committee on Safety of Medicines says women who wish to stop HRT, or change their current preparation, should make a routine appointment with their doctor to discuss treatment options. Each decision to start HRT should be made on an individual basis and treatment should be reappraised at least once a year. It adds that the additional breast cancer risk begins to decline as soon as HRT is stopped.

For the short-term use of HRT for the relief of menstrual symptoms, the CSM's expert working group on HRT advises that for many women, benefits will outweigh the risks, which only start to become apparent within one to two years of starting treatment.

However, for longer-term use, women must be made aware of the increased incidence of breast cancer and other adverse effects.

Three of England's rugby squad – Matt Dawson, Neil Back and Phil Vickery – are promoting Seven Seas' SportFlex sports supplement. They are seen here being photographed for Seven Seas' forthcoming advertising campaign, which will coincide with this autumn's Rugby World Cup in Australia as well as next year's Six Nations tournament

SPGC

Incorrect Scottish CD scripts warning

The Scottish Pharmaceutical General Council is reminding pharmacists to ensure prescriptions for controlled drug meet all legal requirements.

The warning follows a letter issued by NHS Argyll & Clyde t community pharmacists indicati that dispensing fees would not b paid for incorrectly written prescriptions.

Following a meeting with the Payment Verification Unit, the authority identified instalment dispensing as one of the problems. Its letter implied that the phrase 'Sunday dose dispense on Saturday' was not clear enough.

However, SPGC says that the Home Office does not object to this phrase and that NHS Argyll & Clyde will be issuing an amended letter to contractors.

● The rule for calculating how much drug can be dispensed in excess of the prescribed quantity has changed in Scotland with effect from July 2003 prescriptions.

The overage for both solids an liquids will now be 10 per cent. This is particularly relevant for items such as Fybogel, says the SPGC. Under the new rule, for prescriptions for 56 sachets, the PSD will pay for 60 when so endorsed.

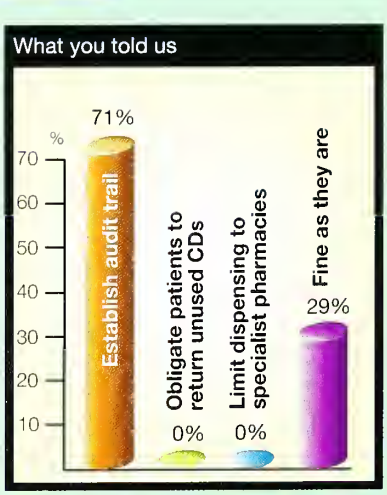
Questiontime

Sponsored by UniChem

Last week we asked you: "With the Shipman inquiry now spotlighting pharmacy, what do you think of the existing arrangements for the supply of controlled drugs?" You replied (see right):

How comfortable are you with the proposals for extending the range of disease areas considered suitable for advertising OTC medicines to consumers?

- Reduce number of existing categories
- Stick to current categories
- Agree with some categories
- Agree with all categories
- Want even more categories



You can record your vote on our website: *www.dotpharmacy.com*. You have until noon on August 19 to cast your vote. We will publish the results in *C&D*, August 23.

Lying in bed, your whole day going round and round in your head. We've all experienced the frustration of occasional sleepless nights and how out of control they leave us feeling. Many people, however, continue to suffer rather than ask for help, because of a wariness of being 'knocked out'.

Talk to these people about Nytol, the biggest selling sleep enabler in pharmacy.[1] Nytol helps restore natural sleep cycles so your customers can wake bright, refreshed and back in control.

Sleeplessness is a tough ride. You can help bring their suffering to a stop.

Diphenhydramine Hydrochloride

Sleepability

oduct Information. Presentation: Nytol: White uncoated oblong caplets imprinted with an 'N', ch containing 25mg of Diphenhydramine Hydrochloride BP. Nytol One-A-Night: White coated long caplets imprinted with "N50", each containing 50mg of Diphenhydramine Hydrochloride BP. **osage and administration:** Two 25mg caplets or one 50mg caplet to be taken orally 20 minutes fore going to bed, or as directed by a physician. Not recommended for children under 16 years. **es:** An aid to the relief of temporary sleep disturbance. **Contraindications:** Hypersensitivity to phenhydramine; asthma, narrow angle glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloroduodenal obstruction or bladder neck obstruction. **Precautions:** Nytol and Nytol One-A-Night are not recommended during pregnancy or for lactating mothers. Concomitant use with alcohol, other hypnotics, sedatives, tranquillizers or monoamine oxidase inhibitors should be avoided. Nytol and Nytol One-A-Night should be used with caution in patients with myasthenia gravis or seizure disorders. Nytol and Nytol One-A-Night produce drowsiness/sedation soon after dosing and will affect ability to drive/use machines. Tolerance may develop with continuous use. **Side effects:** Dizziness, drowsiness, grogginess, dryness of mouth, nausea and nervousness. Antihistamines have been reported rarely to cause thrombocytopenia. **Legal category:** P. **Product licence number:** Nytol 00036/0050. Nytol One-A-Night 00036/0069. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, UK. **Package quantity and RSP:** Nytol £2.75 for 16 caplets. Nytol One-A-Night £4.15 for 16 caplets. **Date of last revision:** January 2002. Nytol is a registered trademark of the GlaxoSmithKline Group of Companies. **Reference:** 1. IRI data MAT July 2003.

Contract update

PSNC will be keeping contractors up to date with developments on the new pharmacy Contract through a regular column in C&D.

Who is negotiating the new contract?

PSNC, the DoH and the NHS Confederation, the membership body for all NHS organisations.

The negotiating team consists of four PSNC committee members: Steven Williams, contract planning sub-committee chairman and Mersey region representative; Raj Patel, PSNC vice-chairman; Dhiren Bhatt, East Anglia region representative, and Digby Emson, Company Chemists' Association. Working with the committee is PSNC's chief executive Sue Sharpe and NHS services head Alastair Buxton.

What is the contract's purpose?

Pharmacy in the Future stated that the existing national contractual framework for community pharmacy would be modernised to establish minimum standards and to promote and reward high quality services, not just volume of prescriptions.

The new pharmacy contract framework therefore aims to:

- provide clear minimum standards for community pharmacy, to meet the needs of *Pharmacy in the Future*
- provide clear and fair rewards for high quality services and promote best value for money
- harness the skills of community pharmacists and their staff, to deliver better primary and community care services to patients by developing opportunities and rewards for integrated working
- minimise bureaucracy for both pharmacy and PCTs
- contribute to the development of a balanced package of measures, which ensures that patients have easy access to community pharmacy services, promoting choice and competition.

What is the structure of the new contract?

It will consist of different levels of services; essential services, enhanced services and additional services. The aim is that the contract should gradually develop over time to meet the needs of patients, the NHS and the profession.

For details see *www.psnc.org.uk*

CARLISLE

Death highlights internet problem

The Medicines and Healthcare products Regulatory Agency accepts that it has difficulties policing internet sites that fall outside UK jurisdiction following the death of a young man who purchased large quantities of Prescription Only Medicines over the internet.

Following the death of Durham student Liam Brackell, who purchased large amounts of antidepressants online and who died in June after throwing himself under a London underground train, the MHRA says it will now be working closely with other regulatory bodies in the European Union and the USA to address the problems.

The inquest into Mr Brackell's death heard that he had used the internet to buy drugs illegally. He was understood to have got up to 300 antidepressants a day from foreign websites. By his death it is thought he had tried 23 different prescription drugs. The jury returned a verdict of death as a result of depressive illness.

The MHRA believes that UK websites are effectively policed. It says it has 21 UK sites under investigation and 150 earmarked for enforcement action after they were found to be in breach of regulations on the advertising, s and supply of medicines.

To date, it has had seven UK sites closed by the internet servi providers and seven UK operat have had to amend their website There have been three successfu prosecutions – which can result unlimited fines and a prison sentence of up to two years – an 12 referrals to other governmen agencies or overseas enforcemer bodies.

The MHRA added that enforcement action is also being planned for sites found to be in breach of both medicines and consumer protection legislation

ENGLAND

Big business wins at patients' expense if OFT reply accepted

The Government's proposed package of measures regarding pharmacy entry controls support the needs of big business but fail patients, an independent think tank is warning.

Contrary to DTI reassurances, the Government's response will significantly undermine its own plans to enhance community pharmacists' roles and could lead to the closure of many vital community pharmacies, the New Economics Foundation said.

Describing the Government's response as ambiguous, the NEF expressed concerns about the proposed exemptions, saying:

- They do not detail the criteria and process that PCTs will use to decide on 'consumer choice' and whether this will lead to a 'postcode lottery' of pharmacy services.
- They make it easier for pharmacists to locate in large shopping developments and fail to say what measures will be in place to ensure there are no adverse effects on existing pharmacies. This is deregulation "by stealth says NEF.
- The prominence given to ma order and internet access is a "r herring". Key pharmacy users such as older people and those i areas of high deprivation are of marginalized from mainstream healthcare and are least likely to have on-line access and the financial credentials necessary f mail order services.

MEDICINES

Pharmacy bodies unite against Buscopan's GSL switch proposal

The NPA and the Royal Pharmaceutical Society have both refused to support the Medicines and Healthcare products Regulatory Agency's proposal to reclassify hysoscine butylbromide as a GSL medicine.

Both organisations argued that the product could not be used safely and effectively without the supervision of a healthcare professional.

"At present, Buscopan is only available from pharmacies where staff are trained to ensure that the patient has been previously diagnosed with IBS and to refer patients with alarming symptoms. If Busco-Calm becomes available as a GSL product these patients may self-diagnose and will not be investigated, so serious conditions could be missed," said NPA information pharmacist Ruth Wakeman.

The Society's head of professional conduct, Stephen Lutener, said: "The suggestion that the product is sufficiently safe for general sale is based upon the provision of advice to purchasers that they should not take the product without first consulting a doctor."

However, as warnings and contra-indications are usually included in the patient information leaflet, which are n available to read before purchas people may decide to try the product anyway, argues Mr Lutener. He also says that non-pharmacy outlets will often sell multiple packs and thus undermine pack size limits.

INDUSTRY

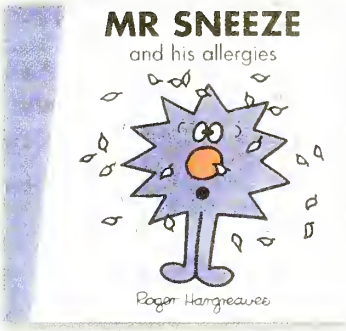
Mr Sneeze gets up MHRA's nose

The Medicines and Healthcare products Regulatory Agency is investigating a Mr Men children's book commissioned by GlaxoSmithKline which uses the Mr Sneeze character to promote its allergy relief products.

GSK says the book, which is not for sale but distributed by the allergy advice charity Allergy UK, has been in use for two years and has not generated any complaints from parents.

The story, *Mr Sneeze and his allergies*, contains nine pages of story, four pages from Allergy UK and two pages from GSK on its Piriton and Piriteze products.

GSK spokesperson Alice Hunt said the aim of the book is to raise children's awareness of allergies and that it was designed so that parents could clearly see they had to cut out the sections which were not part of the story.



"The MHRA is well within its rights to look into this, but we are absolutely certain that we have abided by their regulations, and the book was passed by the PAGB at the time of its launch two years ago," she said.

However, in a statement, the MHRA says: "The Medicines Act of 1994 prohibits the promotion of medicines to children. The MHRA is unaware of this book and will investigate urgently."

The PAGB's advertising services manager Lucy Rochford confirmed: "We are still satisfied that this book is not advertising for children as once parents request a copy they also receive a covering letter telling them to cut out the pages containing the product information. As a health resource for children it is a really good product."

Muriel Simmons, chief executive of Allergy UK, said: "As far as we are concerned, the PAGB was happy with it and so are we. It is designed purely as an educational tool for children with clear directions for parents to cut out the product information."

For more information :

www.allergyfoundation.com

Knights Pharmacy opens for business

Four pharmacists from the North West, who have tripled the number of pharmacies in their group within three years with support from The Royal Bank of Scotland and Mawdsley's loan guarantee scheme, have relaunched under the name of Knights Pharmacy.

Peter Burrows, David Turner, Martin Molyneux and Gary Sawbridge attended a marketing and business strategy conference in Hungary. Said Mr Turner: "One of the experts said we've been doing so well over the past few years that our group has established a strong and distinct identity in the marketplace. To reflect this he recommended that we rebrand under one name."

The Knights Group consists of 12 pharmacies in Knutsford, Burnley, Preston, Sale, Liverpool, Manchester and Wigan.

RETAIL

Graeme sale completed

Lloydspharmacy has completed its acquisition of the Graeme Pharmacy chain in central Scotland, increasing the Lloydspharmacy UK chain to 1,359 pharmacies, and staff levels to more than 12,000.

The eight Graeme pharmacies are located between Glasgow and Edinburgh, extending Lloydspharmacy's reach into new communities.

Tony Walters, director of acquisitions and development at Lloydspharmacy, said: "We are delighted to have acquired eight excellent pharmacies, which are all located in or close to doctors' surgeries. The chain has excellent staff and has enjoyed great success, which we intend to build on in the future.

"The acquisition will expand Lloydspharmacy's provision of services within the community, reinforcing the company's vision of being 'Your local health authority'."

RETAIL

ISO first for pharmacy

Lloydspharmacy's John Bell & Croyden store in London is the first retail pharmacy in the UK to achieve ISO 14001 environmental management registration.

Lloydspharmacy managing director Mike Ward said: "ISO 14001 registration is a clear demonstration we are committed to managing our environmental impacts and contributing to sustainable development."

Galen sales doubled

Irish pharmaceutical manufacturer Galen has reported third quarter revenues up by 117 per cent to £84 million reflecting strong growth from its core promoted brands and recently acquired products.

Operating profit jumped 138 per cent to £38.2m compared to the same quarter last year.

Roger Boissonneault, chief executive, said: "This was truly an exceptional quarter."

RETAILING

Lessons from chip and pin

After a three-month chip and pin trial in Northampton, the first report has been published looking at lessons learned and how these should be used during the national rollout of the payment technology.

A key message is that retailers who own their own integrated point-of-sale equipment should act soon to implement chip and pin.

"They must act now to meet the 2005 liability shift date, when retailers become liable for fraud on chip and pin cards in their stores which could have been prevented by using chip and pin point-of-sale technology," said David Smith, corporate affairs director at the British Retail Consortium.

"The trial showed that time is a crucial factor and allowing enough time for planning, testing, approvals, training and implementation is crucial to success."

Hazel Blears, Home Office Minister for Crime Reduction and Policing says in the report: "The first public trial of chip and pin in Northampton has provided excellent results and I am encouraged that the lessons learnt in the trial will be taken forward as the scheme is rolled out across the country. As well as fighting fraud, chip and pin has proved to be an efficient, secure and customer-friendly system.

"I am pleased that so many retailers as well as the banking industry have already committed themselves to introducing it. With the support of the rest of Britain's retailers we can step up the fight against crime."

RETAILING

Bradford brothers' birthday bash

Heaton Pharmacy in Heaton Village, Bradford, has celebrated a decade of success.

Over 400 guests turned up at the recent 10th anniversary party held by owner Khuram Sheikh and his brother Shakeel, who runs the post office next door.

Former Boots' pharmacy manager Khuram opened the pharmacy in 1993, after 2,000 village residents signed a petition in favour of his plans.

"We've had a great deal of support from our customers over the past decade, not to mention Mawdsleys, who started supplying us nine and a half years ago, after our previous supplier went out of business," Khuram explained.

"When my brother took over the post office twelve years ago, he told me that the villagers were keen for a pharmacy to open, so we applied for a new contract from the health authority and we've never looked back."

Philip Bradley, Mawdsleys marketing manager, said: "Heaton Pharmacy is very popular with its customers because it acts as a centre of the local community. We're delighted that Mawdsleys has contributed to its success, and wish the business many more happy returns."

INDUSTRY

Zimmer keeps Centerpulse in its sights

Smith & Nephew has refused to upgrade its £1.5 billion takeover bid, made in March, for Swiss orthopaedics group Centerpulse despite receiving its offer bettered by a £1.6bn bid from artificial hips and knees specialist Zimmer in June.

S&N's chief executive Sir Christopher O'Donnell said: "Smith & Nephew is a disciplined buyer. Our review of the circumstances did not identify enough value for a revised offer."

However, the original offer will remain in place until August 27 this year.

Ray Elliott, chairman, president and chief executive of Zimmer, said: "We understand that the formal process still has several weeks to run, but we are pleased that our offer remains the superior one and that Centerpulse has indicated it will recommend the higher offer to its shareholders.

"We look forward to pursuing the next steps in the process as soon as practical."

Vishal Patel, second left, is Moss Pharmacy's Pre-Reg of the Year award winner. He is pictured with (left to right) southern winner Laura Barnett, Moss managing director Steve Duncan, Soenaid Crawford, Scottish winner and Paul O'Grady, Northern winner.

ABPI Code of Practice seminars

The ABPI is running familiarisation seminars on the Code of Practice for the Pharmaceutical Industry on September 26, October 21, November 18 and December 16.

The seminars will be held at The Royal College of Nursing in London. For more details contact Jean Rollingson on 020 7930 9677 ext 4.

New HQ for CPW

Community Pharmacy Wales has moved into new headquarters opposite the National Assembly building in Cardiff Bay. CPW's new contact details are: Community Pharmacy Wales, 4th Floor, Caspian Point 2, Pier Head Street, Cardiff Bay, Cardiff CF10 4DQ. Tel: 029 20 442070, fax: 029 20 442071, email: *info@cpwales.org.uk*.

Business advice online

Pharmacy Consulting has launched *www.pharmacyconsulting.co.uk*, a website offering news and advice on business and professional issues to community pharmacists and pharmaceutical sales teams. Visitors can register for a free e-newsletter with topical business development ideas and tips.

Pfizer wins green award

Pfizer has won the IChemE's Award for Green Chemical Technology for its development of an environmentally friendly method of manufacturing sildenafil citrate, the active ingredient in its Viagra treatment for erectile dysfunction.

Peter Dunn, director of chemical research and development at Pfizer, said: "We designed the sildenafil citrate process with environmental improvements as a key objective."

STRONG FINISHER

- ANTI-FUNGAL AND ANTI-BACTERIAL AGENT
- TREATS SORE, ITCHY ATHLETE'S FOOT
- DRIES OUT SWEATY TOES
- IDEAL FOR SPRAYING IN SHOES AND SOCKS
- PREVENTS ATHLETE'S FOOT COMING BACK
- PROMOTIONAL OFFERS AND TRANSFER ORDERS ONLINE @ COMEDIS.COM

Daktarin™

OFFICIAL SPONSOR OF uk:athletics

NO.1 WINNING FORMULA
IN THE TREATMENT OF FUNGAL SKIN INFECTIONS

Johnson & Johnson · MSD
CONSUMER PHARMACEUTICALS

FOR FURTHER INFORMATION CALL 01494 450778

Daktarin™ Dual Action Spray Powder
Presentation: Topical spray powder containing miconazole nitrate 0.16% w/w. **Indications:** For the prevention and treatment of athlete's foot. **Dosage and Administration:** Apply to affected area twice daily until lesions are healed. For topical administration. **Contra-indications:** Known hypersensitivity to miconazole or any other component of the product. Not to be used on hair infections, nail infections or broken skin. **Precautions:** Treatment should be discontinued if a reaction occurs that suggests sensitivity or irritation. Keep spray away from eyes and mucous membranes. **Side Effects:** Hypersensitivity has rarely been recorded. **Legal Category:** GSL. **PL Number:** PL 00242/0326. **PL Holder:** Janssen-Cilag Limited, Saunderton, High Wycombe, Buckinghamshire, HP14 4HJ. **Package Quantities, Price:** 100g can, £3.99. **Date of Preparation:** May 2000.

Comment from the Editor

The decision to allow a wider range of OTC medicines to be advertised to consumers should be welcomed by all. Potential patients will be alerted to the availability of medicines that will often have been out of sight in the drawers behind pharmacy medicines counters. Indeed, patients may even be alerted to the fact that they might have a condition which should be taken seriously, and not just something to be put up with.

The NHS and the taxpayer could see savings, and pharmacists and the OTC industry should benefit from product sales. It could revitalise the stagnant OTC market which some argue has been partially caused by the reluctance of pharmacists to recommend effective products for reasons of cost or timidity.

The DoH points out that the relaxation of restrictions will only come into effect once pharmacy staff are suitably trained. Any guesses on who will pay for this? But it does mean that product marketing should have a reference to seeking advice in the pharmacy. This is particularly important for any GSL products in these new categories: any such advertising will have to mention the nature of the condition, whether it needs prior diagnosis, and contain clear instructions exhorting users to read the label or leaflet, or even to ask the pharmacist.

EU legislation will still prohibit the advertising of medicine for other conditions such as diabetes and certain infections such as STDs, and the ban on advertising Prescription Only Medicines will remain in force. But who do these restrictions best serve? It seems only those suppliers of medicines throug illicit websites who promote medicines with no consideration of the need for cautionary information about the products.

With one internet-related death in the headlines this week, perhaps the time is right for the medicines minister to start looking at the pharmaceutical industry's desire to be able to counter the misinformation with which the public is arming itself off the internet, and which in the end could lead to self harm rather than self care.

It does mean that product marketing should have a reference to seeking advice in the pharmacy

Yourviews

Ple@se e-mail your views to chemdrug@cmpinfomation.com

Public health role core to pharmacy's success

I agree with Paul Lowndes (*C&D July 26, p14*) that the pharmacy profession must ensure that it plays a central role in public health. This will be core to the success of the profession in coming years. I also agree that the profession must take active steps to ensure that its role is recognised within the public health arena.

There is little doubt that the Public Health Network Event in London was an important regional event – but only one amongst many other more important public health events. As a tiny charity with limited resources, PHLink can only do so much and obviously must prioritise its time and activities.

The charity works extremely pro-actively to ensure that it attends as many conferences and meetings as humanly possible and it corresponds with a wide network of individuals and organisations in the public health field. It is also thanks to the efforts of its small band of dedicated staff and its active board of trustees that we're as well known in the public health arena as we are!

The charity's work in public health will take time and considerable effort to reach the whole of the pharmacy profession. But that is our priority.

This year we attended the United Kingdom Public Health Association Conference in Cardiff and held a workshop on pharmacy public health. On September 17 at BPC in Harrogate, PHLink will hold a day session on public healt

We will continue to work for better involvement of pharmacist in public health and look forward to seeing as many pharmacists as possible at the BPC event.

Terry Maguire
Vice Chair, PharmacyHealthLink

Roche 'arrogance' registering high on the meters

Well, Roche Diagnostics have done it again. After leaving retail pharmacists and wholesalers with large quantities of obsolete stock when they switched from Glucotrend Plus strips to Active strips a few years ago, they have now reduced the price of the Accuchek Compact and Advantage overnight and practically discontinued promoting the Accuchek Active meter without informing anyone – probably because of the high volumes of imported strips that are available.

As a retail pharmacist, I am now left with a large amount of meter stock that I have paid full price for from my wholesaler which now has a retail price of less than the trade price.

In addition, I only have until the end of August to redeem any outstanding rebates with vouchers. I am sick of Roche's arrogant attitude when it comes to product and price changes.

I for one will certainly not be stocking Roche blood glucose meters any more.

Yours angrily
Retail Pharmacist, Manchester

HOSPITAL REPORT

The fruits of lobbying are on the agenda

Tucked away in the recent Department of Health publication *A Vision for Pharmacy in the New NHS* are a couple of statements which demonstrate successful lobbying of the DoH and ministers by the Guild of Healthcare Pharmacists. Both appear under the Agenda For Change banner.

Agenda For Change has concerned healthcare pharmacists since the publication of one pharmacist job evaluation profile earlier this year. The profile was badly flawed, the post inexpertly evaluated and the DoH had breached it's own rules in publishing it without the agreement of the Guild. There was obviously a knowledge gulf between what the DoH considered pharmacy did, and what pharmacy actually did.

The Guild considered that progress required proper

The grading structure does not reflect the way the managed service has developed

evaluations within the early implementing trusts. The DoH has now agreed to test out and refine the application of the job evaluation scheme.

Part of the problem in the managed service has been that the existing grading structure does not reflect the way the service has developed. The Guild has been trying for some time now to get a new career structure in place and part of the argument has been the creation of consultant grade pharmacist posts for some of the clinical specialities. This appears now to have been accepted.

Acceptance of both positions may prove to have been the easy part. Putting them into practice may be the more difficult task.

Written by a senior hospital pharmacist

TOPICAL REFLECTIONS

The ramifications of Shipman

As the Shipman inquiry moves to examine the prescribing and dispensing of controlled drugs, a discussion document has been produced which invites comments for consideration at the inquiry's seminars next January (*C&D August 9, p4*). As the editor said last week, the recommendations of this inquiry will not be ignored by the Government so it is vital that grass root pharmacists input into the inquiry process.

Any changes must protect the patient, but they must also be workable in order to allow the rapid and safe dispensing of CD drugs to patients in need. It is essential that a full and verifiable audit trail be established with running balances clearly maintained, but regular independent checks to ensure probity should also be introduced.

The suggestion that doctor dispensing should be discouraged in favour of pharmacist dispensing makes sense though it does not go far enough. If doctor dispensing of CD's is potentially dangerous then maximum safety can only be achieved by the mandatory involvement of both medical and pharmacy professions. There cannot be any rural areas so remote that the authority for a pharmacist to dispense a CD prescription cannot instantly be provided.

I would agree with a shorter validity for prescriptions and the facility to cross check back to the patient record. But restricting prescribing to licensed doctors and/or dispensing to specialist pharmacies is too restrictive and could delay vital patient treatment. The present system of prohibition against named doctors should be extended to pharmacies, but with a tightening of checking procedures to highlight inconsistencies.

Most of the suggestions for consideration make sense, but the problem of CDs once dispensed has not been addressed. This is a complicated area since, once dispensed, CD's become lay property and almost impossible to control. Limiting the quantities prescribed might reduce this problem and a label on each package could warn that all unused medicines must be returned to a pharmacy for recording and then for destruction.

No system will ever be perfect but community pharmacists must constructively input into this inquiry their ground root opinions and not leave comments to the more politically active. They have to emphasise that they are the lynchpin to safe and efficient CD supply. They should accept that this will require increased responsibilities and workload. It should all be part of their new contract and appropriately rewarded.

Heading for meltdown

It is a long time since I can remember such a sustained period of heat as that experienced in the first two weeks of August. Now I do not know whether the culprit is pure coincidence or is truly a consequence of global warming but it has not helped my trade. It is little consolation that I am probably suffering less than many high street fashion shops but counter sales and prescriptions are both well down. The improved sales of sun creams, antihistamines and sunglasses cannot compensate and it has been so hot some afternoons that the whole street has resembled a Sunday afternoon.

And to add insult to injury the working conditions in my shop are unbearable. Even with the back door open and as many fans as I can muster the heat has been energy sapping.

But it is my own fault. Until now, I have resisted the installation of air conditioning on the grounds of both capital and running costs. I have now given up the unequal struggle, helped in no small measure by the threatened staff walk out, and it will be installed when the engineer can find the time. Probably towards the end of October just in time for the Christmas heatwave!

The Save Our Society campaign has been vociferous in its criticism of the RPSGB's modernisation agenda. It has taken legal counsel from Michael Scott, a charities and chartered bodies' expert at Charles Russell Solicitors. With the Charter consultation deadline fast approaching, he agreed to answer some of *C&D's* questions

A second opinion

The proposed relegation of the object promoting members' interests to a power is a very radical change

The Charter is capable of modernisation, but such modernisation is not imperative, nor critically required for the Society to continue.

The Charter is capable of being 'superseded' by legislation in the sense that an Act of Parliament could revoke the Charter, and in the sense that legislation might remove, for example, the regulatory function of the Society (although such removal would not of itself revoke the Charter). Otherwise, it is not clear that a chartered body that keeps within its powers is at any risk of revocation.

There appears to be no implied power for revocation of a Charter, and it would be an extreme step: almost unheard of. Forfeiture of a Charter would also be an extreme step: it could be justified perhaps by misuse or abuse of the powers and privileges of the Society, or if the Society were to put itself in a position in which it could not fulfil the purpose for which it was incorporated, but not otherwise.

There are anyway, limitations as to what an Order under Section 60 of the Health Act 1999 can do. It can modify the regulation of the profession but it cannot abolish a regulatory body, nor take away certain functions from a regulatory body (eg determining standards of education and training for admission to practice, giving advice about standards of conduct and performance, administering procedures relating to misconduct, unfitness to practice etc).

The Society's Charter includes provisions for its amendment (Article 20 provides that a Council resolution and a resolution passed at a Special General Meeting of members convened for the purpose, in each case with the requisite majority, and then approved by Her Majesty), which would be sufficient in most circumstances.

A supplemental Charter (ie a new Charter) is usually applicable where there are no provisions for amendment in the existing Charter, but it is sometimes agreed to be appropriate where the amendments are so radical as to warrant a fresh start.

The current Charter's Object to promote its members' interests is relegated to a power in the proposed new Charter. According to the Society's legal expert, Robert Bolling, if the Charter's Objects advocate both the public and members' interests, then this creates conflict, as the objects will have the same weighting. He suggests that a Society that promotes its members' interests as one of its 'top' Objects does not fit with how a modern regulator is expected to act. Is this correct – can members' interest be a 'top' object along with an object to protect the public interest?

The current Objects (which are all equal in status) are set out in Article 4 of the Charter, and promote both public interest and the members' interests, and these do not necessarily conflict: they are not mutually exclusive (ie so as to make some objects incapable of achievement if others are pursued).

If the Society was to be a charity then objects not conferring public benefit (eg those promoting members' interests) would have to be dropped because an organisation can only be charitable in law if its objects are exclusively for the public benefit (although if in the course of that, a private benefit of some kind is conferred, that will be permissible if the private benefit is ancillary, ie minor).

The Society is not a charity, nor is it necessary to become one in order to become a regulatory body. Unless legislation is passed dictating otherwise therefore, a chartered body with appropriate objects can promote its members' interests and also fulfil a regulatory function.

The proposed relegation of the object promoting members' interests to a power is a very radical change: powers can only be exercised in furtherance of the objects. It is proposed that there are only two objects in future: (1) to advance knowledge of and education in pharmacy etc and (2) to promote and protect public health through regulation of the pharmacy profession etc.

Is the proposed Charter designed in such a way as to be merely a device to ensure the Society can achieve charitable status?

The proposed Charter appear to be designed to achieve charitable status: hence the emphasis on public benefit and excluding members' interests.

What degree of consultation would satisfy the Privy Council if it were asked to change a Royal Charter? Would the Privy Council be likely to accept a referendum of the Society's members as sufficient consultation? In the current, post-Kennedy report climate for health regulators, is the Privy Council more concerned with regulation or professional representation when issuing Royal Charters?

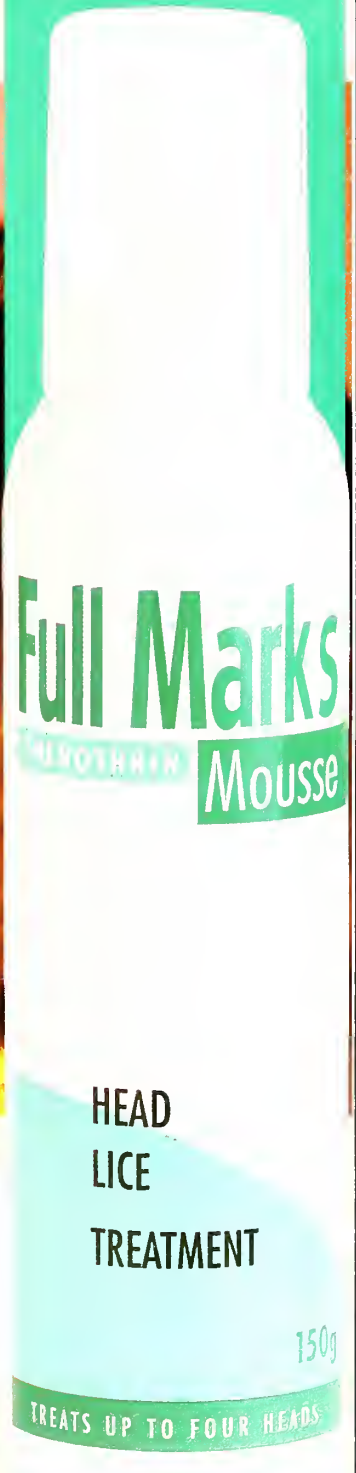
The Privy Council Office conducts such informal consultation (eg with relevant government departments) as it sees fit whenever a proposal is put forward for the grant or amendment of a Charter, to ensure that the proposals are generally acceptable to those most likely to be affected.

The PCO will not conduct a referendum or other general consultation of the Society's members (where amendment requires a

Continued on page 16

Mousse away **head lice** with a simple **30 minute** treatment

BIGGEST EVER NATIONAL TV CAMPAIGN*



- Full Marks Mousse helps kill head lice and their eggs quickly and conveniently
- Easy-to-use – no mess, no fuss and it's pleasant smelling
- Four-week national TV campaign starts 18 August on ITV, C4, GMTV, C5 and BSkyB
- Excellent profit opportunity

Full Marks Mousse Prescribing Information. Indications: For the treatment of head lice infestation. **Active Ingredient:** Phenothrin 0.5% w/w. **Dosage and Administration:** Shake can well turning it downward to dispense mousse. Apply sufficient mousse to dry hair until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for 30 minutes. Shampoo the hair as normal. Rinse and comb whilst wet to remove dead head lice and eggs. **Contraindications, Warnings, etc:** Not to be used on infants under six months of age unless under medical advice. Avoid contact with the eyes. Treatment may affect permed, bleached or coloured hair. Keep out of the reach of children. Contains alcohol which may exacerbate asthma and eczema. Flammable, so apply with care and do not use artificial heat. If inadvertently swallowed a doctor should be contacted at once. If used by a healthcare professional to treat a large number of patients, protective plastic or rubber gloves should be worn. Continued prolonged treatment should be avoided. It should not be used more than once a week and for not more than three consecutive weeks. Very rarely skin irritation has been reported. Do not use this product if you are sensitive to pyrethroids. **Legal Category:** P. **RRP:** 50g £4.15, 150g £9.99. **Product Licence Number:** PL11314/0102. **Product Licence Holder:** Seton Products Limited, Oldham OL1 3HS. **Date of Preparation:** July 2003. **For further information contact the product licence holder.** *This refers to level of monetary spend on TV advertising.

SSL International plc Canute Court, Knutsford, Cheshire WA16 0NL. Full Marks is a Trade Mark of the SSL group

www.headlice.co.uk

special resolution of the members, as here, the passing of that resolution by the requisite majority would be a sufficient indication of support by the members) but it would be concerned if there was any sign of substantive opposition to the proposed changes from members or otherwise.

The PCO will therefore be mindful of indications by the Government of its intentions as regards health regulation (for example a proposed Section 60 Order) but that would not lead it to ignore the views of members as to their interests as reflected in the current objects.

The Save Our Society campaign has suggested a 'two-board' modernisation model for the Royal Pharmaceutical Society. One of these would be the regulation board with powers to register and discipline pharmacists, set educational standards and deal with law enforcement, ethics and conduct. The other, the professional representative board, would develop practice, science, publications, public relations, and membership services. The Council would have authority over the assets of the Society. Does this model comply with the requirements for modern health regulators?

At least some health regulators are entirely separate bodies from their professional membership counterparts, but there is no legal reason why a professional membership body cannot also be the regulator for that profession, provided that the regulatory function is, and is seen to be, distinct and separately conducted from that of protecting members' interests in the exercise of the profession.

"It [The Charter] needs to be re-thought, in particular without aiming at charitable status"

Do you think the proposed Charter is well drafted?

No. It is unnecessary for example to spell o a long list of powers (draft Article 3) in a Charter: a chartered body has all the powers a natural person.

Does the proposed Charter have any flaw or strengths?

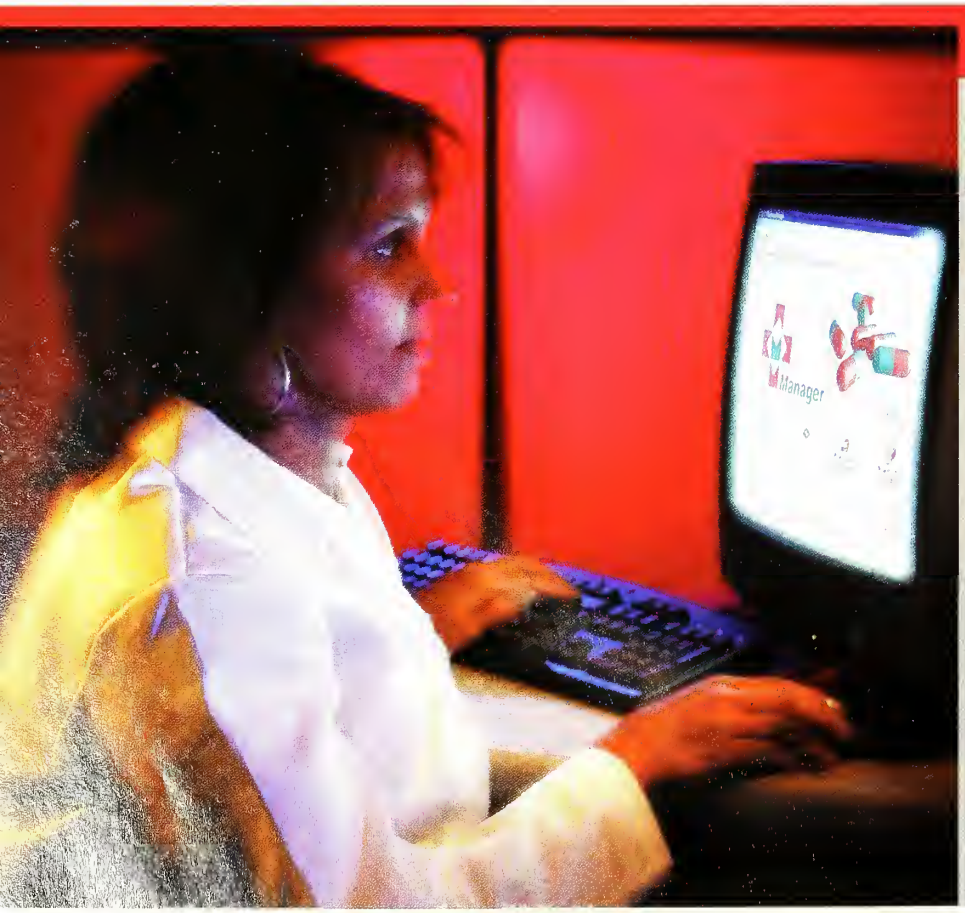
It needs to be re-thought, in particular without aiming at charitable status, and to concentrate on how the Council will manage the regulatory function as well as achieve the other existing objects.

What should a Charter do?

A Charter should set out succinctly the Society's constitution, ie to whom and why th Charter is granted, the objects of the Society, who will be members and who will manage it how bye-laws and other regulations can be made and altered, how the Charter itself can altered, and how the Society can be dissolved

What alternatives are there to promote members' interests?

If the chartered body is not to promote members' interests, then a separate body would have to be established to do so – probably a company limited by guarantee, as i would be difficult for a new body to obtain its own Charter. Alternatively, if the regulatory function were indeed to be taken away from t Society, it could continue as a chartered body carrying out its other objects.



In every industry there's a number one.

In ours - it's you!

NDCHealth is the leader in developing IT solutions and services for pharmacy.

Every day our comprehensive range of products and services is helping pharmacists - like you - improve their professionalism... and profitability.

If you would like to know how we could do the same for you... let's talk. Face to face.

Microsoft CERTIFIED

intellect member

NDCHEALTH™

For more information visit www.ndchealth.co.uk, call us on 0870 8411233 or send an email to info@ndchealth.co.uk

In this third article on baby and child development, *Fawz Farhan* MRPharmS focuses on the complications of pregnancy and on childbirth, and the advice pharmacists can give women to prepare them

Giving birth

THE COLLEGE OF PHARMACY PRACTICE
This course (module 1279), in association with multiple choice questions being published in *C&D* September 6, provides one hour's continuing education

Objectives

- To recognise symptoms that need urgent referral
- To be aware of the routine checks on health during pregnancy
- To understand the stages of labour
- To be aware of techniques used to relieve pain in childbirth

Ectopic pregnancy

In an ectopic pregnancy the fertilised egg implants and develops outside the uterus. This commonly occurs in the fallopian tubes but the fertilised ovum can also implant in the ovaries, cervix and peritoneal cavity.

The risk of an ectopic pregnancy is higher in women who have partial blockage of the fallopian tubes or who use a contraceptive intra-uterine device. Women who have had ectopic pregnancies in the past are also at greater risk of having another.

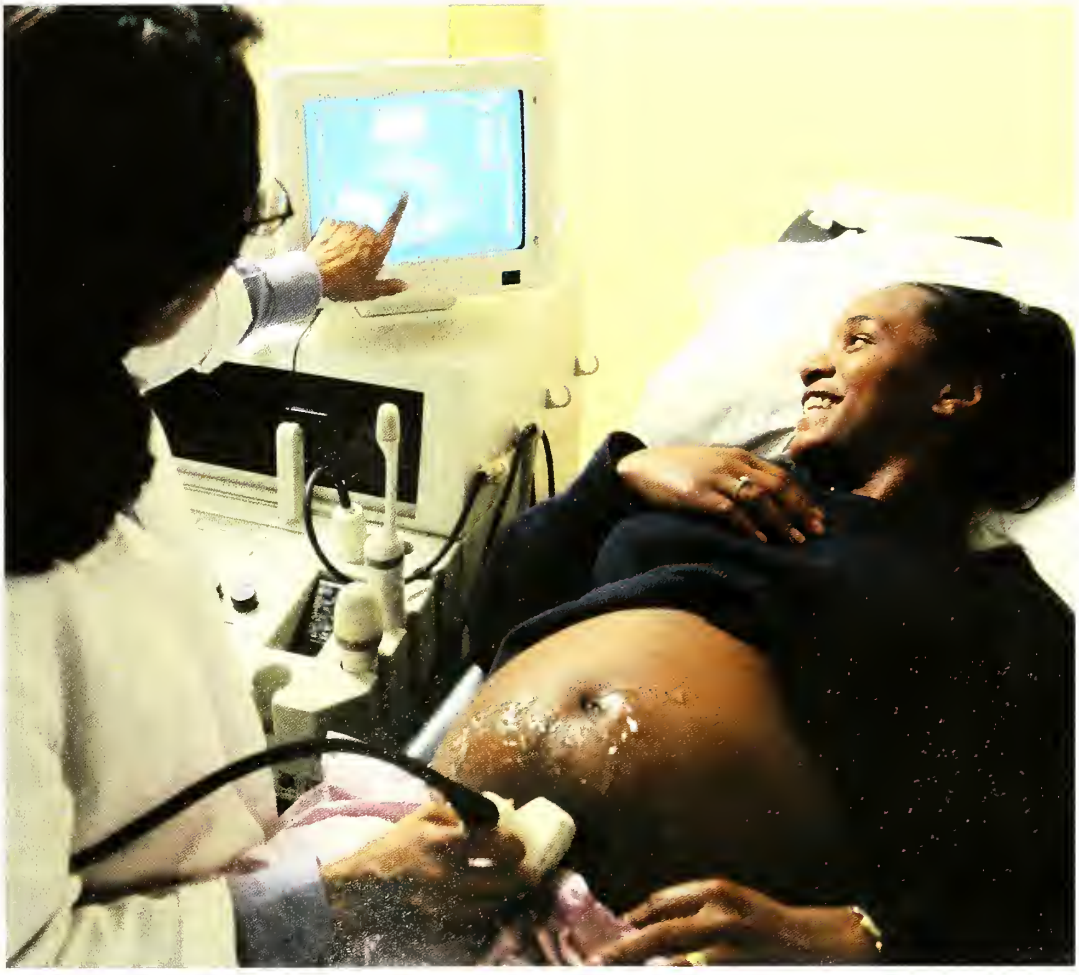
Signs and symptoms

The first symptoms appear around week six to 10 of the pregnancy and are usually spotting and a colicky pain in the lower abdomen. This is followed immediately by severe pain and marked bleeding as the fallopian tube ruptures, if this is where the foetus was implanted. The blood loss can lead to a drop in blood pressure and sometimes shock.

Management

Ectopic pregnancy can be life threatening if not caught early. Any women experiencing these signs must be directed to hospital immediately for an ultrasound scan. If the pregnancy is ectopic, surgery is necessary to remove the foetus, placenta and sometimes parts of the damaged fallopian tube.

There was a recent case where a woman gave birth to a healthy baby that had been growing on her liver, but this has been unheard of before. The woman had the baby by Caesarean section but she was otherwise healthy.



Pre-eclampsia

Pre-eclampsia, or toxaemia of pregnancy, is a complication that can be potentially dangerous for both mother and baby[1]. It occurs in the second half of pregnancy, particularly in the last few weeks before the birth.

Its cause is unknown but it runs in families and usually affects one in every 10 pregnancies. There is a theory that symptoms may be linked to free radicals from the placenta and a trial is to start at St Thomas' Hospital, London, into the use of anti-oxidants such as vitamin C and E during pregnancy.

The trial will involve 2,400 expectant mothers with high blood pressure, kidney problems, clotting disorders or diabetes.

Signs and symptoms

The main signs and symptoms of pre-eclampsia are:

- hypertension
- proteinuria
- sudden weight gain (usually more than 1kg per week)
- oedema
- headaches

Continued on page 18

- visual disturbances
- sickness
- abdominal pain.

Some of these symptoms seem innocuous and typical in normal pregnancy. It is therefore important to bear in mind pre-eclampsia when recommending treatments in later pregnancy.

Any woman suspected of suffering from pre-eclampsia should be referred to hospital. Pre-eclampsia can sometimes progress to eclampsia if not treated. This is characterised by convulsions and can lead to coma.

Management

The mother is closely monitored in hospital and bed rest is usually recommended. Drugs prescribed may include antihypertensives, antiepileptics, hypnotics and anxiolytics.

Methyldopa is used for hypertension as it is considered safe in pregnancy. Beta-blockers are safe and effective in the third trimester and modified release nifedipine is also used off-licence. In a hypertensive crisis, intravenous labetolol and hydralazine are given. Magnesium sulphate is given in eclampsia to prevent recurrent seizures

If hypertension cannot be controlled and is threatening the life of the mother, the birth may need to be induced early or the baby removed by Caesarean section.

Gestational diabetes

Gestational diabetes develops during pregnancy and then remits once the baby is born.

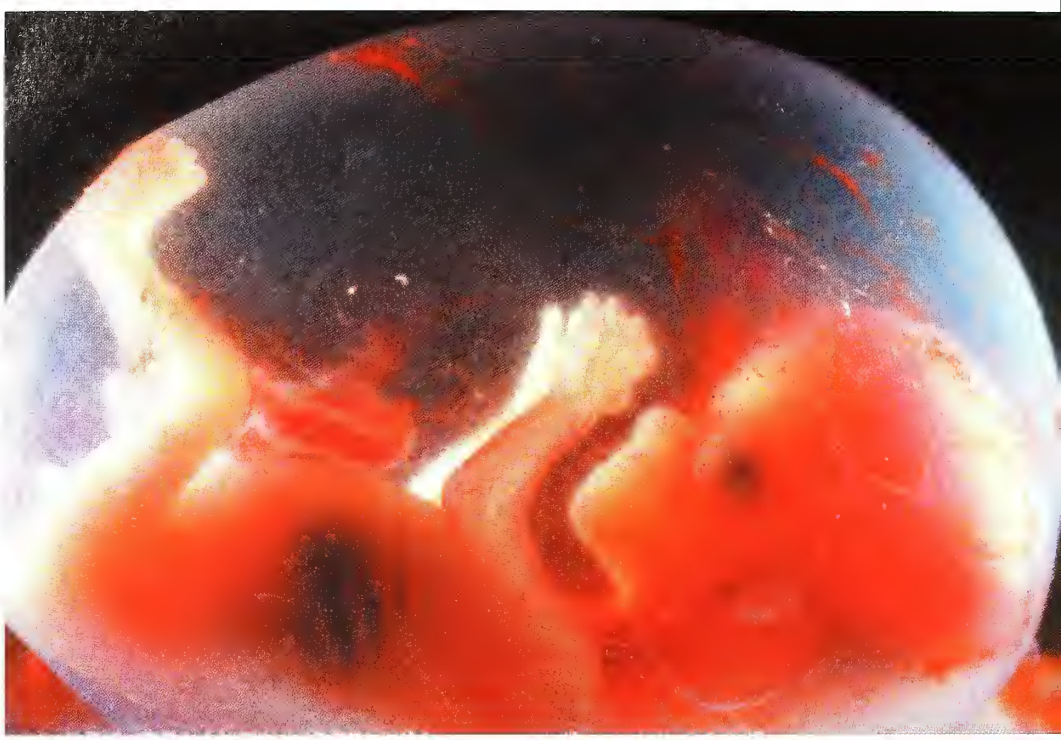
The woman experiences no symptoms and the condition is picked up during routine urine and blood checks in antenatal care. Blood glucose levels above 6.4 mmol/l-1 within two hours of a meal or above 5.8 mmol/l-1 after that, will require the mother to undergo an oral glucose tolerance test.

Gestational diabetes is associated with a higher rate of obstetric complications and an elective (planned) Caesarean is often considered.

It is important to note that not all diabetes that first appears in pregnancy is gestational diabetes. It could be true insulin dependent diabetes mellitus that needs to be treated to prevent ketoacidosis. The mother needs hospital attention if she becomes symptomatic, has ketonuria or has markedly high blood glucose levels.

Management

Diet modifications are the first line approach. Insulin may also be needed over the course of pregnancy as oral antidiabetic drugs are best avoided because of the risk to the foetus.



Science Photo Library

The human foetus after 14 weeks, surrounded by the fluid-filled amniotic sac. Facial features are evident, the eyes have migrated from the sides of the head, & the nose, mouth, & ears have formed. The upper limbs are mor developed than the lower ones and the wrist, forearm & fingers are obvious. The large dark mass is the liver, greatly enlarged to produce red blood cells until the bone marrow (as yet undeveloped) takes over this function. Sexual differentiation has occurred and external male genitalia can be seen

Childbirth

Childbirth is divided into distinct stages. The length and timing of childbirth is unpredictable.

First signs of labour

The three main signs that labour is starting are: the breaking of the amniotic sac; a 'show' of blood stained mucus; and regular contractions. These can appear in any order and are unlikely to happen together.

A 'show' is the mucus plug that seals the cervix throughout pregnancy. It breaks away when labour is about to begin, although it may appear hours or days before established labour. Women are advised to stay put until the other signs appear, unless the 'show' is premature.

The classic sign of the start of labour is the water breaking. This is simply the amniotic water being released after the membrane surrounding the baby has been broken. The water can trickle out or gush out but is painless. If the water breaks, the woman should contact the midwife as the baby is no longer protected from infection. Some women's water does not break automatically and the midwife pierces the membrane during labour.

Contractions feel like cramp or backache but become stronger, more frequent and longer lasting as labour becomes established. Normally midwives tell women they are ready to come to hospita when contractions are 40 seconds long and come every five minutes

First stage of labou

During the first stage, the cervix softens and the top of the uterus tightens leading to regular painfu contractions and the dilating of the cervix. The cervix needs to dilate to 10cm before the baby ca move down birth canal. The first stage of labour on average lasts between 10-12 hours for the first baby. Just before the second stage of labour, the contractions become more frequent and painful and leave women with a strong urge to push.

Second stage of labour

When the cervix is fully dilated, the woman is encouraged to push the baby out with each contraction. This stage can last one or two hours but some woman only require a few pushes before the baby's head reaches th opening of the vagina. An episiotomy – incision between th vagina and the perineum – may b required if the baby is distressed or if there is difficulty in delivery The end of the second stage is signalled by the delivery of the baby to the outside.

Induction of labour

Induction of labour is necessary if the woman needs to have the baby early, for example, as a result of a complication such as pre-eclampsia. It is also performed if the birth is overdue (around two weeks after the due date) or if the labour is progressing too slowly.

The National Institute of Clinical Excellence has issued guidance on the induction of labour. Its recommendations include:

- dinoprostone is preferable to oxytocin for the induction of labour in women with intact membranes
- dinoprostone or oxytocin are equally effective for women with ruptured membranes
- intravaginal dinoprostone are preferable to intracervical preparations
- oxytocin should not be started for six hours following administration of vaginal prostaglandins

Antenatal checks

During pregnancy women are offered a number of tests at routine visits to the midwife. These include:

- palpation of the abdomen to ensure the baby is growing and, later, to check its position
- measuring the abdomen from pubic bone to the top of the uterus to check the baby's growth
- urine tests for glucose and albumin to check for signs of diabetes and pre-eclampsia
- blood pressure to check for pre-eclampsia
- foetal heart check from about 14 weeks.

Toxoplasmosis

Toxoplasmosis is caused by the parasite *toxoplasma gondii* and is rare in the UK. However, it is found in cat faeces and soil, raw or undercooked meat and in unpasteurised milk.

If the parasite is contracted in pregnancy, it can harm the unborn baby and cause blindness.

Pregnant women should be advised to wear gloves if handling cat litter and when gardening. Spiramycin is prescribed if infection is diagnosed in pregnancy.

Third stage of labour

Once the baby is born, the umbilical cord is clamped and then cut. The placenta, cord and membranes are then delivered. To help the uterus expel them, an intramuscular injection of ergometrine 500mcg and oxytocin 5 units (syntometrine) is given immediately after the baby is delivered. The midwife then pulls the cord gently and the placenta follows. Any remnants can increase the risk of haemorrhage and infection.

Pain relief in labour

It is now routine for pregnant women to draw up a birth plan, including an outline of their approach to the birth and preferences for pain relief.

It is difficult for women to decide on the level of pain relief they want to go for until the actual birth. In antenatal classes, midwives recommend that women pace their pain relief, starting with a warm bath and working up to stronger options, such as an epidural, as the birth progresses. Different hospitals also have different policies on pain relief options.

It is important that women are encouraged to take control of the birth so that they are fully involved in any decisions on pain relief.

TENS

Transcutaneous electrical nerve stimulation (TENS) stimulates the release of endorphins, the body's natural painkillers, and blocks pain signals from travelling from the pelvis to the brain.

TENS machines can be ordered for sale through the pharmacy. Alternatively, some pharmacies may decide to offer a hire service (such as Tenscare Ltd) to pregnant women. Although hospitals have a stock for hire, there is usually a queue so women may not get them in time for the delivery, especially if the birth is early.

The machine is composed of a hand-held device and four leads with pads on the end for attaching to the back. The woman can stimulate the electrical impulses as she needs them and control the pulse frequency and strength to cope with each contraction.

Gas and air

A combination of nitrous oxide and oxygen (entonox) is a popular form of pain relief as it can be used for home births and also throughout the different stage of labour.

The gas and air is breathed in through a mouthpiece or mask during each contraction to dull the pain without causing drowsiness. The effects wear off immediately once the woman stops breathing it. Some may find it nauseous.

Pethidine

Pethidine is used by some midwives as the next step up in pain relief. It is injected into the thigh or buttocks and takes about 10–20 minutes to work although the effect usually lasts two to three hours. The downside is the woman may feel tired, drowsy and nauseous. It is not given close to delivery as it will leave the baby and the mother sleepy and less alert.

Morphine and diamorphine are preferred by some hospitals for obstetric pain.

Epidural

Epidural anaesthesia refers to the blocking of nerve routes from the spinal cord to the uterus with a local anaesthetic or pain-killing medication. In childbirth, the epidural anaesthetic is usually started during labour and given before the neck of the womb has started to dilate.

It is fully effective in around 96 per cent of cases, and up to 40 per cent of women in UK hospitals have an epidural while giving birth.

An epidural is always given by an anaesthetist who needs to locate the epidural space by inserting a thin hollow needle, usually into the lower part of the spine. A small plastic tube is then introduced into the back through the needle and left in position when the needle is removed. This tube is usually connected to an automatic pump, which is adjusted to introduce a certain amount of anaesthetic and analgesic into the epidural space every hour.

The most frequent side effects of an epidural are hypotension, which is treated with drugs or by giving fluids through a drip, and a 'spinal headache', which affects one per cent of patients and results from the needle passing inadvertently into the wrong area.

Actionplan

1. Carefully consider the symptoms of pre-eclampsia. Would you refer a pregnant woman to hospital if she presented with some of these symptoms? If not, what would you do? Try to discover more about the danger signs so you would feel more confident of your choice of action.

2. It is important to consider the effect of taking any drug, prescribed or OTC, by pregnant women. How do you judge if a woman is pregnant? Have you ever thought someone was pregnant and she was not? And the reverse. Think about the communication skills you need to solve this problem.

3. It is impossible to remember all the drugs listed in Appendix 4 of the BNF. However, skim through the list and note in your practice workbook drugs of major concern in the first and third trimester.

4. Have you ever noted the use of insulin as a temporary replacement for oral hypoglycaemic drugs in pregnancy? What happened after birth?

5. Think about how you present the results of pregnancy tests. Some women are overjoyed to be pregnant; to others it represents a serious problem. In your practice workbook, try to write a single protocol that covers both these situations.

1. Action on Pre-eclampsia is a charity that runs a helpline for the public (020 8863 3271).

Fawz Farhan is visiting lecturer in pharmacy, King's College, London.

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are aware of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the September 6 issue, which includes this week's CPP-accredited modules, together with those in the August 2, 9 and 23 issues. These modules are:

- **Skin infections part 1 (1278)**
- **Foetal development part 3 (1279)**
- **Heart failure (1280)**
- **Lithium case study (1281).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

in association with

GENUS PHARMACEUTICALS

MI risk in HRT use

Women taking hormone replacement therapy are at an increased risk of developing coronary heart disease, according to a study in the *New England Journal of Medicine*.

Even amongst generally healthy postmenopausal women, using oestrogen and progestogen combination HRT may increase a woman's risk of CHD, especially in the first year of taking the medication, and offers no cardiac protection claim the authors.

The increase was mainly seen in the number of myocardial infarctions within the trial subjects, but no significant increase was seen in the number of incidences of angina, coronary revascularization or congestive heart failure. This evidence is in contrast to earlier studies that claimed that HRT could offer cardiac protection, primarily by lowering LDL cholesterol levels. The recent study also showed that combined HRT could lower the user's LDL cholesterol levels while raising the HDL cholesterol and triglycerides. For those using the combined HRT preparation, insulin levels also dropped, but blood pressure increased slightly.

Of the 8,506 women receiving combined HRT, 188 had developed coronary heart disease within six years of starting the study, compared to 147 of the 8,102 in the placebo group. Cases of congestive heart failure in the HRT group were only slightly higher (113) compared with the placebo group (109).

However, the authors do suggest that some women may be able to take combined HRT with little or no risk to their cardiovascular health by monitoring their lipoprotein levels.

For more information:

N Engl J Med 2003; 349: 523-534

Breast cancer link with HRT

Women who use oestrogen-progestogen homone replacement therapy before, during and after the menopause significantly increase their risk of developing breast cancer, according to a study in *The Lancet*.

Recent media coverage has been highlighting evidence from this study, with guidance for health professionals following (*see page 6*). Over one million women took part in the study.

The researchers found that women who had never used HRT had the lowest risk of developing breast cancer. Women who had used HRT before, but had ceased treatment, were found not to be at increased risk. Women using the oestrogen-progestogen treatments were more likely to develop breast cancer than those on oestrogen-only preparations.

The length of time that women were on HRT was also significant, with the likelihood of breast cancer developing increasing. After 10 years, five extra cases of breast cancer per 1000 women were observed in those taking the oestrogen-only preparations, compared with an additional 19 cases in users of combined oestrogen-progestogen.

The study found that over the past 10 years, 20,000 cases of breast cancer could be attributed to HRT with 75 per cent of these linked to these combination preparations.

For more information:

The Lancet Vol 362 August 9, 2003, p419

Methadone prescribing patterns change

The national guidelines for methadone maintenance have brought the number of prescriptions for methadone tablets and ampoules down since they were published in 1996, according to a study in the *BMJ*.

Community pharmacies in the UK dispense over 1.25 million NHS prescriptions for methadone each year. From 1990 until 2001, the number tripled to 1,318,000 annually, but peaked before the guidelines were published.

The percentage of methadone prescribed as tablets at the beginning of the study (1990-1995) was between 7.8 per cent and 9.8 per cent each year. This fell by 1 per cent per year to 4 per cent by 2001. The number of prescriptions for injectable methadone also decreased between 1995 and 2001.

The authors conclude that a major change in the pattern of prescribing methadone occurred gradually over this period. They claim that the national guidelines will eventually have a substantial impact on prescribing patterns.

For more information:

BMJ 2003; 327: 321-2

www.bmj.com

Scriptlines

New Hep A vaccine

Masta has launched a new hepatitis A vaccine that contains no aluminium, thiomersal or antibiotics. Epaxal (0.5ml) is available as a pre-filled syringe, which should be kept refrigerated between 2-8°C.

Price: [illegible]

Pip code: 297 6199

Masta

Tel: [illegible]

Salbutamol error

PSNC is reminding pharmacists that the salbutamol breath actuated CFC-free inhaler is no longer in category C of the *Drug Tariff*.

The item was added to category C of the July *Drug Tariff* in error, then removed from the August edition. Prescriptions must be clearly endorsed with the product given because contractors will be paid on this basis.

For more information:

www.psnc.org.uk

Dovonex 240g discontinued

Dovonex Ointment 240g and Dovonex Cream 240g are being discontinued and Leo Pharma predicts that the products will be unavailable from October. Other pack sizes of these two products are unaffected and are still available.

For more information:

Leo Pharma

Tel: 01844 347333

GF loaf new bag

Dietary Specials Multigrain gluten-free sliced loaf is being relaunched in an easily re-sealable, colourful bag. The recipe for the 400g loaf remains unchanged.

For more information:

www.nutritionpoint.co.uk

Nutrition Point

Tel: 07041 544044

Fucidin Gel discontinued

All pack sizes (30g and 60g) of Fucidin Gel are being discontinued, with stock expected to be unavailable from October. Fucidin Cream and Ointment are still available.

For more information:

Leo Pharma

Tel: 01844 347333

Accupro packaging change

Accupro 5mg tablets are to be packaged in the Pfizer livery instead of the Parke-Davis livery from September.

The PIP code, prices and order multiples will continue unchanged.

For more information:

Pfizer Ltd

Tel: 01304 645262

Shine-free skin for the boys

Beiersdorf is introducing a men's skincare line especially for oily skin in the Nivea range.

Nivea for Men Oil Control is targeted at males aged 16-25 who have oily/greasy skin and want to cleanse their skin without drying it out.

The range comprises three products designed to reduce shine and care for the skin - Face Wash, Shaving Gel and Moisturiser.

The products contain marine plant extracts which have natural astringent properties to help regulate production of sebum.

The formulations are also vitamin enriched to help keep the skin protected and conditioned.

The products come in petrol coloured packaging to create a different look from the rest of the Nivea for Men range.

The launch will be supported by press and poster advertising plus sampling – part of an overall £4.1 million marketing campaign for the Nivea for Men brand this year.

Price: Face Wash (150ml) £4.79, Shaving Gel (200ml) £3.35, Moisturiser (75ml) £6.65

Pip code: Face Wash 294-7794, Shaving Gel 294-7802, Moisturiser 294-7786
Beiersdorf UK Ltd.
Tel: 0121 329 8800

Cover up with Rimmel

Coty is adding a new concealer to the Rimmel London range on October 1.

Hydrasense Flawless Concealer is formulated to disguise under eye circles, illuminate the skin and offer colour correction where needed.

The product contains a blend of natural extracts of white lily, camomile and cucumber to smooth and moisturise delicate areas.

It will be available in three shades - Light Ivory, Deep Beige and Medium Nude.

Price: £3.49

Coty (UK) Ltd.
Tel: 020 8971 1300

Polish remover updated

The Sally Hansen range of nail polish removers has been updated with new packaging.

The range includes four variants - Regular for all nail types, Strengthening for soft, thin nails, Moisturising for dry, brittle nails and Acetone Free for artificial and sensitive nails.

Each variant comes in different pastel colours that correspond to a different nail type for easy identification.

The formulations are enriched with pro-vitamin B5 to help make the nails healthier and stronger plus vitamin E to help protect the nails. Each variant also contains a different ingredient to cater for a specific nail type.

The new shape bottles feature a flip-top lid.

Price: £1.99

Pack Size: 200ml
Network Health & Beauty
Tel: 01252 533333

Simply defending men

Accantia Health & Beauty is relaunching the Simple Skin Defence for Men range in an attempt to 'de-mystify and de-feminise' the male grooming marketplace.

The relaunch is designed to introduce male consumers to regime usage through shaving which is the starting point in men's grooming, according to Accantia.

The skincare and shaving products has been divided into three stages - 'Prepare', 'Protect' and 'Calm'.

The 'Prepare' segment comprises Pre Shave Wash and Pre Shave Scrub to prepare the skin for a more comfortable shave.

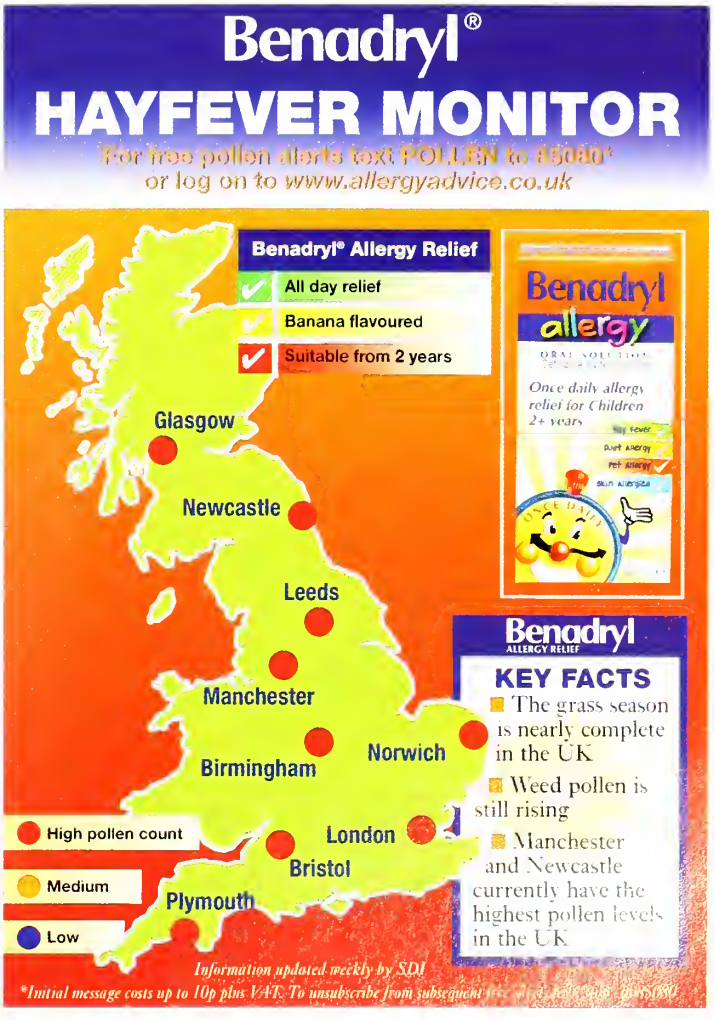
'Protect' products are Shave Gel, Shave Foam and Shave Silicon Gel to protect the skin against shaving rashes.

'Calm' products include new Post Cooling Balm, Post Shave Soothing Balm, Daily Moisturiser and Advanced Moisturiser.

The brand will be supported by TV sponsorship from September. In addition, the website *www.simpleskindefence.com* has been relaunched with the theme of a 'sports club' to capture the interest of the male consumer.

Price: From £2.75 for Shave Foam (250ml) to £7.99 for Advanced Moisturiser (50ml)

Accantia Health & Beauty Ltd.
Tel: 0121 327 4750



Frontshop

A passion for the younger user

GlaxoSmithKline is backing the launch of PoliGrip Total Care with a £1 million TV advertising campaign.

The 'Passion fruit' commercial will be screened at peak times and is designed to appeal to younger denture users, especially those with partial dentures.

It features a couple sharing problem foods in a relaxed way with the messages 'Everything's on the menu' and 'You're in control'.

The campaign will be on air from August 18 until the end of October.

For more information:
GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700

Chill out with Deep Freeze

The Mentholatum Company is supporting Deep Freeze with a £300,000 press and radio campaign.

Press advertising will appear in men's sports and fitness magazines from August until December.

It shows an ice bucket containing a can of Deep Freeze and a pack of Deep Freeze Cold Gel placed near a white line on a sports pitch with the headline 'Freeze pain on the spot'.

During September and October, some of the advertisements will invite readers to send off a till receipt to receive a free Deep Freeze sports drinking bottle.

The radio campaign, which will run on Talksport until November, will be based on the Deep Freeze chill out collection, parodying the style of advertising promoting 'chill out' music.

For more information:
Pharma Consumer Care
Tel: 01202 314824

TV next week

Aquafresh: All areas except U, CTV, GMTV
Bodyform: U, STV, C, HTV, W, LWT
Eumovate: Sat
Full Marks Mousse: All areas
Hedex: All areas except U, CTV, GMTV
Huggies Freedom nappies: All areas except GMTV, A
Imodium Instants: All areas
Just for Men: All areas
Lucozade Sport: All areas except U, CTV, GMTV
Nivea Shower Pampering Shower Oil: All areas
Nurofen Migraine Pain: All areas
Nytol: Sat
Pearl Drops: B, G, Y, C, HTV, TT, C4, C5, GMTV, Sat
Pepcidtwo: All areas
Poligrip: All areas except U, CTV, C5, GMTV
Ribena: All areas except U, CTV, GMTV
Rimmel London Shine Temptation Stars Lipstick: All areas except U, CTV, GMTV
Seabond: All areas
Sensodyne: All areas except U, CTV, GMTV
Tena *lady* & Tena *pants* Discreet: All areas except U, GMTV
Vagisil: All areas
Voltarol Emulgel P: B, G, Y, C, TT, C4
PharmaSite for next week: Solpadeine – window, **Solpadeine Care range** – in-store, **Full Marks Mousse** – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

TV boost for Full Marks

Full Marks head lice treatment will be back on TV from August 18 until the end of September with a £1.5 million national advertising campaign.

Targeted at housewives with children, the commercial highlights the product's quick and easy application.

SSL International says the brand is very responsive to advertising and, following last year's campaign, sales from August to September almost doubled (*Independent Audit Dec 2002*).

For more information:
SSL International plc
Tel: 0161 654 3000

Mum's favourite pharmacy

The search for the 2003 Child-Friendly Pharmacy of the Year has now begun.

Novartis Consumer Health is once again sponsoring the *Mother & Baby* magazine award with its Tixylix brand. The award recognises pharmacies for their commitment to the wellbeing of their local community and the role they play in helping to make busy mums' lives easier.

Pharmacies are nominated by parents via entry forms at participating pharmacies or in *Mother & Baby* magazine.

The winner of this year's award will receive £100 of pharmacy book vouchers. In addition, they will be able to use the Tixylix *Mother & Baby* Child-Friendly Pharmacy of the Year award logo and their pharmacy will receive publicity via their local press.

The deadline for entries is September 31 and the winner will be announced in *C&D* during October.

For more information:
Novartis Consumer Health
Tel: 01403 210211

Taking good advice ...

What are the benefits of choosing and working with professional advisors, asks business development manager and pharmacist Richard King

Professional advisors, like their clients, come in all shapes and sizes with their own individual and company strengths and weaknesses. Working with a professional advisor such as an account, tax specialist, business development consultant, lawyer or marketing agency is a special kind of partnership, and if you don't even like a professional advisor (let alone respect their professional abilities), the business relationship you have with them is doomed to failure.

Much as you would ask a patient structured questions before selling them a medicine, I suggest that before even thinking about contacting a potential professional advisor you sit down and ask yourself questions to define:

- what kind of help, service or advice you think you need
- what your timescale is
- what budget you are on
- what your desired outcome is
- what input you (and maybe your staff) are able or want to offer.

You will then be ready to define your needs and your credibility as a potential client will be enhanced.

There are many ways to find an advisor. First you could try approaching the NPA or any other pharmacy umbrella organisation you may belong to. Such organisations rarely recommend advisors *per se*, but they can sometimes pass information onto members.

Secondly, you may be aware of advisors from advertising in the pharmacy press, or from reading published business articles.

Thirdly, you could search on the internet. Any established company should by now have a website, which should give you an initial idea of the company, what it specialises in, and a feel for the type of clients that it seeks to help.

Finally, but always worth considering, are recommendations from other people. All professional advisors sink or swim on their reputation and most build a good one over the years by doing their utmost to satisfy every client's reasonable requests.

Sometimes your search for a personal advisor may throw up several potential advisors; just occasionally there may seem to be one pre-eminent national expert. Whichever applies, during your first contact you should establish at the very least their individual or corporate experience and professional qualifications to provide the service you are looking for. Do not assume that every advisor has the qualifications that you think they have, so ask them, or ask to be sent a company brochure. For example, qualified accountants carry initials of ACA, FCA, ACCA, FCCA. Solicitors usually carry initials of LLb etc. Also check that they are members of their own professional body and that they are registered with or are regulated by such a body. This would help if the relationship went sour, as you could complain to their professional body and get some redress.

In addition, most professional advisors should belong to – or at very least subscribe to – the code of professional conduct of their relevant professional body. For example, the Institute of Management Consultants or the Institute of Chartered Accountants.

If there is anything at all that you are unhappy with sort it out now, as later may be too late

Check out their team – find out who would be undertaking your work. It is not that unusual to be 'passed on' in some larger companies to more junior staff once you have agreed to give the work to the more senior initial sales person on the phone.

Consider also their ability to meet your timescale and their fee structures – it is unlikely that they will feel able to quote until a later stage, but you should gain some initial idea of the likely cost. Also check their track record in terms of successful outcomes with your sort of issue.

Capable advisors are usually busy people, so they will normally want to try to understand your needs and how serious you are before offering to come to see you. In some cases, there is then only an initial meeting during which (or shortly after which) advice is given.

For more significant projects, where work has to be done on your behalf, it is usual to expect he advisor to put a proposal into writing shortly after your meeting summarising their understanding of:

- your business strategy and background
- the specific issue or service that you seek
- the type (but not the detail) of help that they can provide with the issues
- the relevant experience that they bring
- the anticipated timescale that they can conduct the work within
- the honest information and degree of input that they expect from you and your staff
- their anticipated fees and outcomes of the work
- where it is possible, suitable referees for similar work undertaken.

If you are happy to proceed you should accept their offer in writing and then keep your side of the undertaking. If there is anything at all that you are unhappy with sort it out now, as later may be too late. Ask for a modified proposal if the changes you need are at all significant.

If you are seeking ongoing help from a professional advisor, say an accountant or solicitor, then you will want to agree how, where and when you will make regular contact with each other. You will also want to agree how and upon what basis you will review the performance of the business relationship and upon what frequency you will agree its renewal.

If you follow these guidelines, carefully select an advisor and agree how you will work with them, you will already have significantly reduced the risks of things going wrong while working with them. Good advisors come at a price but over a period you should save yourself a lot of money and heartache running your business.

The author is a business development consultant and the views expressed are his own. Richard King can be contacted at: info@pharmacyconsulting.co.uk

THE IMPORTANCE OF RELAPSE PREVENTION IN SCHIZOPHRENIA

Schizophrenia is a serious mental illness with widespread human and economic cost implications. It strikes one in 100 people worldwide[1], with over 250,000 people in the UK being treated at any one time. It is a chronic lifelong condition with a high risk of relapse, even in patients who appear to be responding well to initial therapy, and there is no cure for it. The symptoms, the peculiar mannerisms sometimes brought on by medication, the association with violence and the fear of an illness which is poorly understood, all contribute to the enormous stigma attached to the diagnosis of schizophrenia. Yet despite this, innovative advances in the treatment of schizophrenia have already begun to greatly improve the outcomes for many individuals with this illness and for many there is now a real chance of recovery.

For many there is now a real chance of recovery

The traditional therapies – the typical or conventional antipsychotics – that are often still used to treat schizophrenia, have long been associated with a poor side effect profile. While these medications, such as chlorpromazine and haloperidol, relieve 'positive' symptoms (hallucinations and delusions) they have a limited effect on important and common 'negative symptoms' (apathy and social withdrawal) and 'affective' symptoms (depression and anxiety associated with schizophrenia).[2] They are also commonly associated with movement disorders that can stigmatise the patient further, which can possibly lead to poor patient compliance and an increased risk of relapse.[2]

The atypical antipsychotics were introduced as a new treatment choice during the 1990s. These new, effective treatments brought about a changing era in the treatment of schizophrenia. One of these atypical antipsychotics is Risperdal™ (risperidone). There is now an extensive line of Risperdal™ formulations (tablets, liquid, long-acting injection – Risperdal Consta™, and fast dissolving tablets – Risperdal Quicklet™). The atypical antipsychotics are more effective in treating the full range of negative, affective and positive symptoms of schizophrenia than typical antipsychotics. However, although the atypicals are considered a class of drugs, these newer medications, which are antagonists at both dopamine and serotonin receptors in the central nervous system, all differ in their receptor-binding profiles[3] and therefore also in their clinical effects.

Preventing relapse in schizophrenia

Relapse has many unwanted implications including admission to hospital and more importantly it can be a devastating personal setback for the individual relapsing. Literature shows that although the course of schizophrenia varies[4], most patients have a chronic course with frequent relapses, typically characterized by bouts of psychosis and rehospitalisation. Each successive relapse can reduce the length and completeness of the next remission, increase disability, and lessen future response to treatment.[5] Preventing relapses is therefore a major aim of maintenance treatment for people with schizophrenia.[6]

Reducing the incidence of relapse not only produces benefits in terms of patient quality of life, but may also result in significant costs savings to health services by reducing the number of hospital admissions required by these patients. Dr Lyn Pilowsky, a Reader in Neurochemical Imaging at the Institute of Psychiatry, London, comments, "Schizophrenia is a costly illness in every sense. Rehospitalisation and treatment costs, following patient relapse, account for a large proportion of the direct costs of schizophrenia. Enhanced compliance, relapse prevention and reduced time in hospital are key to the reduction of inpatient direct costs and burden on the NHS. The newer atypical antipsychotics provide the medical profession with a way of redefining long-term strategies in schizophrenia. In the longer term they may help reduce rates of hospital admissions and the financial burden on the NHS and healthcare resources across the UK."

In addition, Dr John F Morgan, Senior Lecturer, Department of Psychiatry, St George's Hospital Medical School, London says, "Now we have established a clear evidence-base for the treatment of acute schizophrenia, we face the harder challenge of preventing relapse and ensuring compliance. Patient relapse is more common with the older typical drugs than in patients taking the newer atypical antipsychotics, and each relapse represents a downwards step towards treatment resistance and functional decline until the patient is caught in chronic, severe schizophrenia. Relapse-prevention is critical. Unfortunately, the cost of treatment failure is the cost of chronic schizophrenia."

Not all antipsychotics are equally effective in reducing relapses in schizophrenia. One study published in the *New England Journal of Medicine* has illustrated that treatment with Risperdal™ can offer significantly reduced relapse rates in patients compared to haloperidol, a typical antipsychotic.[7]

Long-acting injectables have previously been available only for typical antipsychotics and until last year, no atypical antipsychotic long-acting injectable medication had been available for the treatment of schizophrenia. Risperdal Consta™, the long-acting formulation of Risperdal™, is the first and only such formulation of an atypical antipsychotic to have been launched in the UK. Essentially, Risperdal Consta™ offers the combined advantages of Risperdal™ together with a novel delivery system that ensures a consistent release of the drug into the bloodstream, so patients no longer have to remember to take tablets every day.

Schizophrenia is a costly illness in every sense

NICE suggests prevention of relapse is a key treatment goal. The NICE guidance on the use of atypical antipsychotics (published in June 2002),[8] announced that the newer generation atypical antipsychotic medications should be considered as one of the first-line treatments for patients with newly diagnosed schizophrenia in certain situations. In addition, the guidance recognised the importance of relapse prevention. It recommended use of the newer atypical antipsychotics when a patient has relapsed and has experienced unsatisfactory management of their condition or unacceptable side effects.

In December 2002, the NICE clinical practice guideline six also recognised the importance of reducing the risk of patient relapse. These suggested that depot preparations should be a treatment option where a service user expresses a preference for such treatment because of its convenience or as part of a treatment plan in which the avoidance of covert non-adherence with antipsychotic drugs is a clinical priority. For optimum effectiveness in preventing relapse, NICE recommends that depots should be prescribed within the standard recommended dosage and interval range.

Dr John F Morgan concludes, "The newer atypical antipsychotics, such as Risperdal™, are a step forward in the treatment and care of individuals with schizophrenia. However, variations in prescribing guidelines, psychiatric practice and funding issues, mean that patients with schizophrenia often have not had access to the newer (atypical) antipsychotics, in contrast with prescribing patterns in the US. The clarity provided by the NICE guidance will ensure that such heterogeneity of prescribing is clinically and legally indefensible. Patients and their carers can have better informed choices of medications and psychological and service-level resources available to them, which can all help to improve patient outcome and quality of life."

References

1. Rethink Corporate Brochure.
2. Rasmussen, J. Drug Treatments in Schizophrenia – Past, Present and Future. Int J Psychiatry in Clin Practice, 1997;1:227–230.
3. Richelson E. Preclinical pharmacology of neuroleptics: focus on new generation compounds. J Clin Psychiatry 1996;57:Suppl 11:4–11.
4. Andreasen N, Symptoms, signs and diagnosis of schizophrenia. Lancet 1995; 346:477–481.
5. Wyatt RJ. Neuroleptics and the natural course of schizophrenia. Schizophre Bull 1991;17:325–351.
6. Kane JM. Pharmacologic treatment of schizophrenia. Biol Psychiatry 1999;46:1396–1408.
7. Csernansky JG et al. A comparison of risperidone and haloperidol for the prevention of relapse in patients with schizophrenia. N Engl J Med, Vol 346:16–22, 2002.
8. National Institute for Clinical Excellence. Guidance on the use of newer (atypical) antipsychotic drugs for the treatment of schizophrenia. Technology Appraisal Guidance – No.43.
9. National Institute for Clinical Excellence. Clinical Guidelines – Core Interventions in the treatment and management of schizophrenia in primary and secondary care. N0176.

Sponsored by

JANSSEN-CILAG Ltd

ABBREVIATED PRESCRIBING INFORMATION

Risperdal Consta™ Injection (Risperidone).
See SmPC before prescribing
USES: Schizophrenia. Other psychotic conditions, in which positive and/or negative symptoms are prominent
DOSAGE(IM): Adults: 25mg every 2 weeks(alternate buttocks), consider 37.5mg if stabilised on more than 4mg/day oral. Consider 12.5mg increase after 4 weeks. Maximum, 50mg every 2 weeks. Ensure prior tolerability with oral risperidone. Supplement with oral risperidone for first 3 weeks as appropriate. **Elderly** 25mg every 2 weeks, plus oral cover as above. **Renal and hepatic impairment** Caution. 25mg every 2 weeks if minimum 2mg oral tolerated following titration. **Children and adolescents under 18 years** Not studied
CONTRA-INDICATIONS: Hypersensitivity. **PRECAUTIONS:** Orthostatic hypotension. Cardiovascular disease. Drugs prolonging QT. Reduce dose if hypotension. If tardive dyskinesia consider stopping all antipsychotic drugs. Parkinson's disease. Epilepsy. If Neuroleptic Malignant Syndrome, stop all antipsychotics. Advise of potential for weight gain. Advise not to drive or operate machinery if alertness affected. Acute withdrawal symptoms, recurrence of psychoses. Recommend gradual withdrawal. **PREGNANCY:** If benefits outweigh risks. **LACTATION:** Avoid. **INTERACTIONS** Centrally acting drugs, dopamine agonists, hepatic enzyme-inducing drugs. **SIDE EFFECTS:** Generally well tolerated. Insomnia, agitation, anxiety, headache, somnolence, dizziness, impaired concentration, blurred vision, sexual dysfunctions, urinary incontinence, rash, other allergic reactions. Extrapyramidal symptoms, orthostatic dizziness, hypotension, tachycardia and hypertension. Increased plasma prolactin, hepatic enzymes, changes in white cell and platelet levels. Oedema, water intoxication with hyponatraemia, tardive dyskinesia, body temperature dysregulation and seizures. CVAs. Very rarely: hyperglycaemia and exacerbation of pre-existing diabetes. Weight gain or loss, depression, fatigue, nervousness, sleep disorder, apathy, syncope, injection site reaction
LEGAL CATEGORY POM **ACTIVE INGREDIENT:** Risperidone **PRESENTATIONS, PACK SIZES, PRODUCT LICENCE NUMBERS & BASIC NHS COSTS:** 25mg prolonged-release injection (PL 0242/0375) 1 dose £82.92; 37.5mg prolonged-release injection (PL 0242/0376) 1 dose £115.84; 50mg prolonged-release injection (PL 0242/0377) 1 dose £148.55 **FURTHER INFORMATION AVAILABLE FROM PRODUCT LICENCE HOLDER:** Janssen-Cilag Ltd, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ UK
© 2002 Janssen-Cilag Ltd™ trademark APIVER181202C Date of preparation: July 2002

Sexual medicine and therapy experts Alan and Elizabeth Riley argue that pharmacists have a role to play in helping women with an often overlooked disorder

Female sexual

It has been asserted that female sexual dysfunction is a new category of human illness created to generate profits for the pharmaceutical industry. The reality is that the treatment of impaired sexual functioning in women was being addressed in authoritative texts long before the pharmaceutical industry considered sexual dysfunction as a legitimate target for drug development.

When we started practising in sexual medicine more than 30 years ago, we had more women than men referred with sexual difficulties. What has changed recently, however, is an increased investment in research into female sexual function and dysfunction so that we now have a better understanding of the processes involved. Most of this work is funded, either directly or indirectly, by the pharmaceutical industry. It is extremely difficult to obtain funding from other sources for research in sexual medicine.

Obviously, the pharmaceutical industry has its own agenda for this research; at least 28 companies are now targeting drug development to female sexual dysfunction (FSD)[2].

Normal female sexual function involves complicated interaction of physiological, biochemical, psychosocial and behavioural components, the purpose of which is to enable pain-free and pleasurable vaginal intercourse or other forms of sexual activity. But when this intricate process is impaired it frequently becomes a cause of unhappiness and distress, for both the woman and her partner.

Impairment of sexual function can arise through disturbances in any of these interacting components. Frequently disturbance in one component impacts profoundly on the others. Hence, it is not uncommon for women to experience multiple sexual symptoms simultaneously[3].

FSD is the term used to describe a wide range of disturbances in women's sexual functioning. These disturbances can arise from organic or psychological impairment or can be a reflection of interpersonal behavioural factors.

Essentially, FSD comprises disturbance of sexual desire (most frequently reduced), sexual arousal (most frequently impaired) and orgasm (most frequently delayed or failed). Also included in FSD are genital pain occurring during sexual activity and female causes for non-consummation, such as vaginismus (involuntary contraction of the pelvic floor muscles that prevents attempts at penetration).

dysfunction

Research suggests a high occurrence of FSD with 41 per cent of respondents in a survey in the Midlands reporting a current sexual problem. International studies have shown low or absent sexual desire to be the most frequent problem, affecting more than a third of women.

Vaginal dryness followed by infrequent orgasms were the most frequent sexual complaints among women in the UK, reported as ongoing problems by 28 per cent and 27 per cent respectively.

The aetiology of FSD is multifactorial with possible organic, psychological and behavioural elements being involved. Less is known about the role of organic factors in FSD as compared to male sexual dysfunction. However, there is increasing evidence that the various organic factors involved in the aetiology of male sexual dysfunction may also impair the female sexual response.

For example, just as in men where erectile dysfunction is associated with cardiovascular disease, in women clitoral and vaginal vascular insufficiency, such as may occur in atherosclerosis, impairs the normal arousal response, resulting in vaginal dryness and dyspareunia. Female sexual dysfunction can also arise from diseases or trauma that impair neuronal transmission, such as diabetes, multiple sclerosis and spinal cord injury. Hormonal disturbances such as hypothyroidism, oestrogen deficiency, hyperprolactinaemia and hypoandrogenism are also causes of FSD.

There is increasing interest in the role of pelvic floor disorders in the causation of FSD[10]. Functional integrity of the pelvic floor muscles is essential for vaginal sensation, sexual arousal and orgasm. Hypotonic pelvic floor muscles can cause reduced vaginal sensation, coital anorgasmia and coital incontinence. The latter symptom often leads the woman to withdraw totally from sexual intercourse.

Many therapeutic and illicit drugs have the propensity to impair sexual function in women. In particular, most antidepressant drugs can impair or abolish orgasm. Depression, itself, has an adverse effect on sexual drive and arousal.

The role of psychological and behavioural factors in the aetiology of FSD cannot be overestimated. Low self-esteem, poor body image and difficulties with her relationship with her partner, often accompanied by communication problems, can affect the woman's ability to respond sexually. All too often this is a circular issue, with these problems getting worse as her sexual responding deteriorates.

Some women have sexual difficulty because they have not learnt what they need in the way of sexual stimulation or have not been able to tell their partners what they need. An important component of sex therapy is guiding the woman, and her partner, to experiment with different modes of stimulation while at the same time offering strategies to help unlearn sexually disruptive memories and thoughts.

The mainstay of management of FSD continues to be sex therapy often combined with relationship therapy. Currently only one drug, tibolone, is licensed for treating FSD. It has been shown to enhance sexual drive and functioning in postmenopausal women[11]. Unlicensed pharmacotherapeutic approaches are sometimes employed, usually when sex therapy has been ineffective. Androgens (testosterone or DHEAS) are used to enhance sexual drive in women but, except when there is proven androgen deficiency, the clinical criteria for using such treatment have yet to be defined. A transdermal testosterone treatment is being developed for use in women and early results are encouraging.

Sildenafil is being used to facilitate sexual arousal, even though, in contrast to low powered studies, the major clinical trials have not confirmed therapeutic benefit[16]. Further work on sildenafil in women is required.

Artificial lubricants have an important place in the management of arousal disorder and dyspareunia. Women may need advice on the most appropriate product to use. Mechanical devices are also being developed, such as the Eros-Clitoral Therapy Device, a small vacuum device that is applied to the clitoris and is reported to increase sensation, lubrication, orgasm attainment and overall satisfaction in women with sexual arousal disorder.

Vibrators have a place in helping women achieve orgasm[18]. More recently, Vielle, a new medical device, has become available. Vielle is a specially designed clitoral stimulator that is worn on a finger. Clinical studies have confirmed that it facilitates orgasm attainment, reduces orgasm latency (the interval between onset of stimulation and orgasm) and enhances satisfaction with orgasm[19].

It is our strongly held view that when drugs are available they should only be used as part of an integrated management programme that also includes sex therapy and, where needed, couples therapy[21].

The community pharmacist occupies a special position in that he/she supplies products that are intimately involved in their clients' sexual and reproductive lives, including condoms and other contraceptive preparations, ovulation indicators, pregnancy tests, lubricants and feminine hygiene products.

Women already recognise the local pharmacy as an important source of information on genital and reproductive issues such as thrush, vaginal dryness and contraception. As FSD receives more publicity it is likely that women may turn to their friendly local pharmacist for relevant advice and products.

An important role for the pharmacist will be to screen out those products that have been shown to be effective in well controlled clinical studies from the vast number of products that are becoming available to treat all manner of FSD but which have not been confirmed to be effective. Women need protection from such ineffective products (often herbal in nature) marketed by unscrupulous manufacturers who see FSD as a potential source of large profit. Pharmacists can be trusted to police this emerging market.

Women need protection from ineffective products marketed by unscrupulous manufacturers who see FSD as a potential source of large profit

References available on request.

Alan Riley is Professor of Sexual Medicine at Lancashire Postgraduate School of Medicine and Health, University of Central Lancashire, and Elizabeth Riley is a research sex and relationship therapist in Cwmann, Carmarthenshire.

AAH

This is the tenth and final article in a series of CPP accredited articles taken from a forthcoming book, *Mind Your Own Business*, written by Dr Terry Maguire. This article is a summary of the chapter on problem solving. The book, which is supported by Vantage Pharmacy, will be distributed to subscribers next month

Managing problems

Dr Terry Maguire says a customer will often assess a retailer company not by its commercial success, but by the way it deals with his or her problems

I'm pacing the corridor that leads to the Belfast departure gate at Heathrow. It is busy and the evening has brought little respite from the heat of the day. I can't focus. I have been on the phone to my pharmacy and I have major staff problems. They rattle around in my head along with possible solutions, banging into each other like billiard balls. They need urgent attention.

Problem one is staff theft. The locum suspects a member of staff of taking items from the shop that have not been paid for. This confirms weeks of suspicion. He provides details of the incident. The staff member is pregnant!

Problem two is over maternity leave. A staff member due back to work on Monday after 18 weeks maternity leave has contacted the pharmacist manager to say that she is taking her holidays from Monday and would be down to collect her holiday pay. She also wants to take three months unpaid leave following her two-week holiday. She claims we had agreed to change her work hours. This was done with a manager who has now left but without consultation with me. She now thinks – when she eventually gets back to work – that she will be working mornings, not afternoons. I don't need extra staff in the mornings.

Irrational yet comforting ideas creep into my head. Resign, sell up. Take the money and run. I can always work as a locum. Who needs the hassle? If I meet someone now who says something stupid such as: 'There is no such thing as a problem; there are only solutions', I will smack him.

Looking back, I now see that my approach to the problem was perhaps the biggest problem. The link between stress, poor performance and ill health is well established and known better to scientists and management gurus who talk about it than to the managers who suffer from it.

When we encounter something threatening or potentially dangerous our anxiety levels are raised. This prepares us for action – the well known 'fight or flight' response. The activity that followed the emotional response used up all the adrenalin and the emotion passed when we were safe.

Arousal is not a bad thing. We need a little stress to help us focus and to achieve better outcomes. There is an optimal level at which our performance is best but beyond this our performance declines to the point that we are ineffective. A systematic approach to problem solving helps to address problems in an objective, constructive fashion, leading to better management and a reduction in stress.

As managers our stress is often sensed and passed on to our staff. The environment created might not be conducive to constructive working. It i essential, then, that we have problem solving skills of the highest quality, an like many management issues much of it is logical.

Decisions

Decisions are either rational or intuitive. Rational decisions are normally easy to make. The following step-wise approach is how rational problems are solved:

- analyse the problem
- specify objectives
- list alternatives

- specify the criteria
- choose alternative that best meets the criteria
- implement decision
- check whether you have achieved your goals.

In rational problem solving, planning can precede action. However, where a problem appears that is less structured you might opt for the intuitive approach. In this case action is not preceded by planning but has the purpose of creating information that will allow planning to be implemented. This is the basis of the cycle (*Figure 1*).

With complex problems there is often a need to go through this cycle on a number of occasions before the problem can be dealt with in as rational a way as is possible – with sufficient information gathered. In real life, real problems are mostly solved by a combination of rational and intuitive approaches. Often you might not even know what the problem is when you first encounter it.

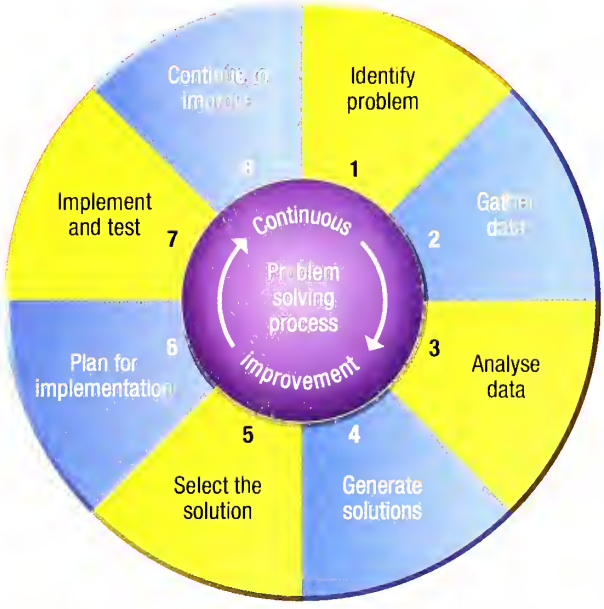


Figure 1: The problem solving cycle

Identify the problem

More often than not we fail to recognise or correctly define the problem due to lack of up-to-date information, lack of experience, or the problem is too complex to comprehend. So in defining the situation – thinking in a clear, logical and analytical way – means problems are seen in a different, more manageable way and this will likely have a significant impact on overall resolution.

Clear thinking is analytical: establishing the facts, sifting the data and then formulating a hypothesis. It is also a logical process of reasoning by which one judgment is derived from another and a correct conclusion is drawn from the evidence. Above all, reasoning is done in a clear, unemotional way where the facts are paramount.

The fish bone diagram can be a useful tool to get to the heart of a problem. Rather than concentrate on the cause of the problem, the diagram attempts to identify the effect that the problem is having. This is normally written in to the fish head (*see Figure 2*).

The ribs of the fish are then used to identify all possible causes that could produce the effect. Clearly this technique will not generate absolute answers to your problems but it will help get an overview of the situation and demonstrate how many influences are related to the problem. It may also allow you to decide on the priority of possible causes you wish to analyse, and from this make a working hypothesis.

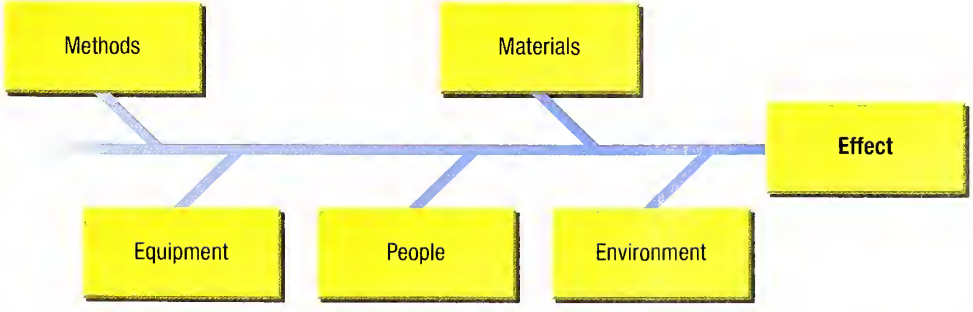


Figure 2: A fish bone diagram used to help identify the cause of problems

What are the facts?

When using such a 'cause and effect' diagram it is important to establish exactly what happened. When a problem first presents, some facts are known but most are not. Going back to my two problems at Heathrow, I needed to speak to a number of people: the ex-manager, the locum and the National Pharmaceutical Association for advice on staff matters.

The locum was telephoned first. He stated that he observed the staff member taking an item from the shopping area into the tea room. He was told it had been paid for the day before and had been kept behind the counter. He noted that the product cost £10.79.

There was no record in the staff purchase book and a check of the till roll journal showed that no purchase for that amount had been made the previous day.

The ex-manager confirmed that the other member of staff had discussed the possibility of changing working hours but he had only agreed to discuss it with me – no commitment was made. The NPA was most helpful. It outlined the proper procedure to comply with if I decided to take disciplinary action.

The facts about maternity rights were also important. If an employee wished to take up to three months this would normally be allowed – only in extreme cases where the company could show that it was impossible to accommodate this request could it be refused. She had a right to holidays that was not affected by maternity leave.

Her hours of work were a matter for the employer and employee and normally were those on her contract of employment. Since hours were not being changed this was not a problem. If, as her employer, I wanted to alter her existing hours then I would have to do so in writing.

Analysing the problems

Problem 1: *How things are?*
Potentially a thief on my staff.
How I want things to be?
No thief on the staff.
Objective: To remove thieves from my staff.
Problem 2: *How things are?*
No clear staff roster over coming weeks.
How I want things to be?
A clear roster.
Objective: Establish who the support staff will be in coming weeks and months.

Create alternatives

When facts have been collated and analysed, you can explore different courses of action. To do this you need to think creatively. Brainstorming is an excellent means of doing this and the rules for brainstorming have been explained earlier in the series.

For the problems above I came up with the following alternatives:

Problem 1:

- no disciplinary actions but observe over coming weeks
- address the matter quietly and give her a warning
- address the matter formally, giving a final warning
- formal disciplinary hearing with dismissal
- dismiss her without any formal hearing.

Problem 2:

- refuse to give her unpaid leave
- refuse to alter her hours of working
- tell her that her position cannot be held.

By setting out criteria we establish what characteristics a course of action must have to achieve our objectives. For both problems:

- the solution must comply with the law
- it must be cost-effective
- it must be consistent with the Ethical Code of the Pharmaceutical Society
- it must be easy to implement/ undertake
- it must be achievable in a short period of time.

Continued on page 30

Weighing up these options

Problem 1:
This problem has been ignored for too long. The staff member must be removed from the pharmacy as quickly as possible. This can only be done by setting out the allegation and unless a satisfactory explanation is offered, suspension on full pay would be appropriate while arrangements are made for a disciplinary hearing, the objective of which is to legally dismiss the employee.

Problem 2:
The hours she wishes to work are not convenient. She needs to be clear on the date of her return so that a proper roster for the autumn can be set out. Alternative arrangements must be made for the staff holiday coming up shortly.

Implementation

Problem 1:
At 9am the next morning I challenged the staff member with the allegations in the presence of the manager of the other pharmacy. She attempted to address the allegations but was told that she was suspended on full pay pending a disciplinary hearing. She was told she could be accompanied. A note of this meeting was made.

The disciplinary hearing was held and having failed to convince that she had indeed purchased the product she was dismissed but told she had a right to appeal. She was given pay to cover holidays but for gross misconduct this could have been withheld.

Problem 2:
A letter was composed outlining the decision and sent to the staff member.

Continue to improve

A survey of top managers suggests that they only get 50-60 per cent of their decisions right. Decision making, like quality issues, is therefore cyclical and we must monitor for the outcomes of our decisions as we cannot assume that they were right. A decision is a choice between alternatives, often a choice between two courses of action, neither of which is probably more nearly right than the other.

Once we make decisions we tend to justify them. No one likes to admit they were wrong. When we buy a new car we need to reaffirm to ourselves that we made a sensible and well-reasoned purchase.

The problems we face on a day-to-day basis are solved through the decisions we take and the changes we implement.

Problem solving skills require a sound appreciation of the range of basic management skills coupled with a sound knowledge base. A colleague told me recently that business management books are "a load of rubbish". I have some sympathy with this view. Some are highly opinionated and can be a waste of the time you spend reading them.

Sticking too rigidly to what has worked for others may not produce the required results for each of us in our given situation. But the shared experiences of others coupled with critical reflection on our own unique experiences is fundamental to our individual development as managers and our success in the jobs we do.

Managing through partnerships

David Buckingham from Vantage Pharmacy in Goldthorpe, formed a partnership to help manage a bigger than normal project – a LIFT pilot

Like every pharmacist, David Buckingham at Vantage Pharmacy in Goldthorpe, Rotherham, has had his fair share of internal issues to manage since taking over the business 15 years ago. However, when Goldthorpe was identified last year as a pilot site for the Government's LIFT project, David was faced with managing a potential problem that was way beyond the scale of normal day to day events.

David's high street pharmacy is based on a prime site in the former mining town of Goldthorpe, highlighted as an area of deprivation in a PCT that has a poor health record.

David said: "I employ six full time and two part time members of staff, so covering holidays, arranging maternity leave cover and sourcing locums are all recurring issues which we face, but I'm thankful that I can rely on the support and commitment of my staff to resolve the majority of problems.

"The staff are the backbone of the business and I believe that the customer care ethos we employ needs to come from the top, so I ensure that pension schemes, work nights out and away days are arranged to incentivise staff and this pays dividends when it comes to smoothing over internal problems."

David's only local competition comes from a small pharmacy owned by a private chain, Weldricks, which has 37 pharmacies in and around Doncaster. David has always believed that the best way to work with the opposition is in a professional manner, a policy which has paid off since the LIFT project for Goldthorpe was announced last year.

He explained: "I attended a meeting last summer with Richard Wells, pharmacy superintendent of the Weldricks group that was arranged to introduce local health professionals to the LIFT concept. We are also both members of the LPC and it was clear that the two of us had a mutual interest in aiming to form a consortium-owned pharmacy for the new one-stop care centre. With this in mind, we decided to work closely together in a fair and open manner for the common good."

The identified site for the one-stop centre is the old Town Hall in Goldthorpe, due to be demolished by the end of October. The new centre is scheduled to be completed in July 2004.

David is fully aware that it is still early days for the consortium plans and that there will be plenty of problems to overcome along the way.

"If we are successful, we will need to work through a whole range of issues, such as who will be responsible for the day to day running of the consortium? Who will assume the role of superintendent pharmacist? We will need to work through wages, staffing issues, national insurance details, it will be just like setting up a new business."

Christopher Alcock, LIFT Project Team Member for Weldricks (left) pictured with David Buckingham

To help manage some of these problems, David and Richard Wells are hoping to employ professionals who understand retail pharmacy to help draw up a fair and equitable agreement between the two parties.

David said:"Our potential consortium is enabled by the spirit of co-operation. An independent pharmacy and a pharmacy group working together to provide a first class pharmaceutical service for the community. We still have a long way to go but it is one possible solution to a major problem that could have major implications for both of our businesses."

VANTAGE pharmacy
At the Heart of the Community

Classifiedads

Appointments £27.00 P.S.C.C. + VAT minimum 3x1.
General classified £18.00 P.S.C.C. + VAT minimum 3x2.
Box Numbers £15.00 extra. Available on request. Copy date noon Tuesday prior to Saturday publication.
Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing.
Contact Debra Thackeray. Chemist & Druggist (Classified), CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: http://www.dotpharmacy.co.uk

All major credit cards accepted

Appointments

DISPENSER REQUIRED

Upto 10% salary increase
For right candidate!!
Must be used to BUSY dispensary.
EXCELLENT PAY & CONDITIONS

SEND CV TO:
MR. RAJA
CROWN PHARMACY
1 CROWN ST.
ACTON. W3 8SA.
Fax: 08700 51 8680

e-mail:
info@crownpharmacy.demon.co.uk
Tel: 0208 997 4831 after 7pm.

DISPENSER REQUIRED

Full time or part time, experienced preferred but not essential.

Tel:Dave Roberts 01903 200100
Shelley Community Pharmacy
Worthing, West Sussex.

Part time Dispenser Required

Busy Health Centre pharmacy, 5 day week Mon-Friday, mornings 9-12.30. Full time cover required for holidays, (approx. 12 weeks per year).
Send CV to
Mr Hoyle, Geldholme Ltd, The Health Centre Pharmacy, Littleborough Health Centre, Featherstall Road, Littleborough OL15 8DH
Or contact on 01706 376962

Accountants

ATTENTION!!!

ARE YOU PLANNING TO SELL YOUR PHARMACY IN THE NEXT FIVE YEARS?

Let us help you to maximise your profits by grooming your business for future sale.

We can advise you on:

- **How to structure your business to minimise your tax bill when you sell.**
- **Increasing your turnover.**
- **Increasing your gross margin.**
- **Monitoring your expenses.**
- **Benchmarking your business against similar pharmacies.**

For more information, please visit:
www.pharmacyexperts.com
or contact: **Anne Hutchings**
on: **01494 722224**

h&Co.
Hutchings & Co.

Facsimile: 01494 434764
Email: anne@hutchingsandco.com

Leading Tax Consultants and Accountants for Pharmacists.

Business services

WANT TO SELL YOUR PHARMACY?

WE CAN HELP!

WE HAVE PURCHASERS WAITING THROUGHOUT THE UK

ACT NOW!

Hutchings Consultants Ltd

Call Anne today on: **01494 722224**

e-mail: anne@hutchingsandco.com
www.pharmacyexperts.com

Sellers-For commission free pharmacy business sales....
Telephone Steve Long on 01584 819261

www.sellyourownpharmacy.co.uk

Buyers-New instructions available.

Accountants

LOOKING FOR THAT EXTRA PLUS?

Not all accountants are the same
*Go for the **specialist** for your type of business*
Why do our top clients recommend us?

IT'S OUR **PLUS** FACTORS:

- Value for money services
- Fixed fees
- Lower taxes in most cases
- Proactive advice
- Timely completion
- Helpful
- Friendly
- Approachable
- Reliable
- Courteous
- Comitted to long-term relationships

For all your accountancy and tax requirements, please call Umesh or Jay for more information or for a FREE consultation on the numbers below:

modiplus ADDING VALUE

LONDON: Umesh 020 7433 1513
MANCHESTER: Jay 0161 980 0770
www.modiplus.co.uk

THE ONLY REGULATED FIRM OF CHARTERED ACCOUNTANTS AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES

Business opportunities

BUSINESS OPPORTUNITY
CONFERENCE CALL MONDAY
TO FRIDAY 9PM
TEL NO 0870 770 1689
ACCESS CODE 550
FOR INFO PACK CONTACT
TARA ON 0800 781 0378

Business wanted

NORTH WEST ENGLAND

Independent chain wishes to acquire Single Pharmacy or small Group.
Don't give up your independence, sell it on!
For a rapid decision made in the strictest confidence contact:

Gary Sawbridge Tel: 0151 494 2122 or 0780 1231615 (Mobile)

David Turner Tel: 0151 727 1437 or 0777 9791714 (Mobile)

Chemicare Health Ltd

Courses

Buttercups Training Ltd

"Aiming to provide the highest quality education and training services for pharmacy support staff"

We offer a range of courses to suit all levels and requirements, some of which can be tailored specifically for your company, for example:

- NVQ III and NVQ II in Pharmacy Services
- Dispensing Assistant Course
- Medicine Counter Assistant Course
- Checking Technician Course

For a fast and friendly response, our team is waiting to help!

e-mail: training@buttercups.co.uk
or tel: 0115 9374936

FAIRWAY, BACK LANE
NORMANTON ON
THE WOLDS
NOTTINGHAM
NG12 5NP

City & Guilds Approved Centre

Equipment for sale

FOR SALE
KIS AKS 32FP
FILM PROCESSOR
WITH **KIS AKS 1000ZE Printer**
and a selection of consumables

Excellent condition - Can be seen working

Existing maintenance contract and two years balance of lease transferable at cost if required

Please call 020 8803 6222

Locums

PHARMACYLOCUM.NET
Number 1 Choice for Locums online

BRINGING TOGETHER PHARMACISTS AND LOCUMS ON ONE USER FRIENDLY SITE MADE FOR THE WHOLE COMMUNITY

WWW.PHARMACYLOCUM.NET

Products licences wanted

Growing UK company requires OTC and Generic product licences.
Good prices paid.
Please contact Box No.2003
CMP Information Ltd, C&D, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW

Products and services

Positive Solutions Limited, manufacturers and suppliers of EPoS and PMR in one package integrated under Windows®

POSITIVE SOLUTIONS LIMITED

Software, hardware and service that sets the standard for the future of pharmacy systems

Solutions House School Lane
Chorley Lancashire PR6 8QP
Tel: 01254 833300
sales@positive-solutions.co.uk

EPoS Hardware IPS PMR

SPORTPLAST STRIPS

Good News to all football fans. You can now protect your cuts and grazes while showing support to your favourite football team.
New range of plasters with team logos available soon at selected supermarkets and pharmacies.

Contact Universal Industries Ltd on 020 7253 3651/7251 3313

Products and services

Mashco Plc

PHOTO, ELECTRICAL & PERFUMES

BUY 10 GET 1 FOC

NEW! HIGH DEFINITION CAMERA

Kodak Disposable Camera with Flash
CODE: KODFUNFLASH
SSP: £8.99 to £5.99
NET: £4.20
IP: £4.31
£3.82 NET WITH FOC PRODUCT

BUY 10 GET 1 FOC

Kodak Disposable Camera without Flash
CODE: KODFUN
SSP: £5.99 to £3.99
NET: £2.30
IP: £2.36
£2.09 NET WITH FOC PRODUCT

BUY 10 GET 1 FOC

Xpress Cam Disposable Camera with Flash
CODE: MASFUNFLASH
SSP: £5.99 to £3.59
NET: £2.25
IP: £2.31
£2.05 NET WITH FOC PRODUCT

TEL: 020-8204-2224 EMAIL: sales@mashcoplc.com FAX: 020-8204-0224

E&OE NET PRICES ARE AFTER SETTLEMENT DISCOUNT OF 2.5%. GOODS SUBJECT TO AVAILABILITY.

SIGMA

SIGMA PHARMACEUTICALS PLC
Unit 1-7 Colonial Way,
PO Box 233, Watford,
Herts WD24 4PJ

SAME FORMULA, NEW PACK DESIGN!

The top selling Co-pharma Heelbalm is now being promoted as part of the Vesagex range as "Vesagex Heelbalm". Available in a new 50g and 100g pack from Sigma.

Product	Sigma Code	Trade Price	Special discount saving	Net Price	Retail price incl VAT
Vesagex HeelBalm 50g	HEEL	£2.51	15%	£2.41	£4.99
Vesagex HeelBalm 100g	HEEL1	£3.97	15%	£3.37	£6.99

Over 43% POR

Aquabar™
Aqueous cream in a soap free bar!
- Soap substitute for sensitive skins
- Moisturiser for dry skin conditions
- Make-up remover
- Skin cleanser

Product	Sigma Code	Trade Price	Net Price	Retail price incl VAT
AquaBar 100g	AquaBar	£1.70	£1.65	£3.50

Over 43% POR

WE ALSO STOCK A FULL RANGE OF GENERICS, P.I's, GALENCIALS AND SURGICALS, ETC...

FOR DETAILS AND PRICES CONTACT:

TEL: 01923 444 999/01923 331 409
FAX: 01923 444 998
EMAIL: info@sigpharm.co.uk

Appointments

Brentech Data Systems, a supplier of business solutions to the pharmaceutical wholesale sector, has appointed **Don Mulholland** as a non-executive director. Mr Mulholland was the chairman and managing director of pharmaceutical wholesalers Graham Tatford & Co Ltd from 1975 to 1994 and remained chairman of the board until April 2001.

Shire Pharmaceuticals has announced **Robin Buchanan** has joined its board. He will be a member of the company's remuneration committee and is the senior partner of the London office of business consultants Bain & Company.

NSPCC nets £1,500 with knockout five-a side competition

Representatives of the McParlands First VII, winners of the McParlands Cup are, from left, Mandeep Matharu, Sunny Nagra and Bobby Mehta

The McParland Pharmacies chain has been busy again raising money for charity, this time with the McParlands Cup charity five-a-side football tournament. The NSPCC will benefit by about £1,500 as a result.

Earlier in the year, the pharmacies had taken part in a cricket match to raise £1,000 for local charities for the blind. But with the advent of the football season, pharmacist Bobby Mehta organised this latest event at the Powerleague in Slough securing the sponsorship of Abbot Laboratories, GlaxoSmithKline and UniChem.

Eight teams battled it out in the competition, which featured teams from the pharmacies in Slough, Langley (where Bobby is manager) and Maidenhead as well as other local organisations. The final was contested between Sunrise Radio of Southall and the McParlands First VII which went on to win 6-2.

"The whole idea came about from wanting to raise as much money as possible for the NSPCC who do such magnificent work for children and combining this with my passion for football," says Bobby.

"In today's busy world it is sometimes very easy to forget how privileged we are compared to others who also share the same dreams and aspirations as ourselves, but for one reason or another are unable to realise them."

The captain of the winning team happened to be a certain Bobby Mehta. "Obviously I'm getting all the match fixing jokes," he says, " but all credit to the boys, they played well throughout and were deserved winners."

Burning rubber – not tobacco

After coming second in the British Grand Prix, NiQuitin C is reporting success in helping take first place on the podium a the German Grand Prix earlier this month.

NiQuitin CQ is a sponsor of the BMW Williams F1 Team which "devastated the oppositi with a dominant victory, winnin by over a minute" says the company.

"The BMW Williams F1 Tea left Ferrari smoking after Micha Schumacher, who had fought hi way up to second place from sixth, experienced a puncture fo laps from the end pushing him back down to seventh place." Exciting stuff, eh?

The BMW Williams F1 Tean is now considered to be in a strong position to beat Michael Schumacher, and the Ferrari, sponsored by cigarette company Philip Morris, in both the Drivers' and Constructors' Championship.

Increasing its position in the Constructors' Championship, th BMW Williams F1 team is only two points behind Ferrari and ir the Drivers' Championship Juar Pablo Montoya has overtaken Kimi Raikkonen to move into second place.

Look out for the next Grand Prix in Hungary on August 24 to see if the NRT-sponsored team can overtake the team sponsored by the manufacturers of "cancer sticks", as a pharmaceuties lecturer used to delight in calling them.

Games, set and match

The 26th British Transplant Games which were held in the last week of July had Wyeth as one of its main sponsors.

The games are organised by the Transplant Sports Association of Great Britain. Wyeth supports the games as it is involved in research and development for anti-rejection therapies for transplant patients.

This year's games were at Keele University with more than 300 adults and 200 children competing in events such as swimming, athletics, cycling, mini-marathon, volleyball, table tennis, badminton and squash. In all, 45 teams competed, representing all the UK Transplant Centres, as well as a visiting team from Australia. Next year, the games will take place in Norwich.

One of the aims of the games is to raise awareness of organ donation. More information on registering as an organ donor is available from the Organ Donation Literature Line on 0845 6060400 or by visiting *www.nhs.uk/organdonor*

The children's team from Glasgow at the 26th British Transplant Games with CBBC presenter Dave Benson Phillips and representing Wyeth, from left, Laraine Aikman, Jacqui Emanuel and Lesley-Anne Gurney

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical including photocopying, recording or any information storage or retrieval system without the express pri written consent of the publisher. The contents of Chemist & Druggist are subject to reproduction in information storage and retrieval systems. CMP Information Ltd may pass suitable reader addresses to other relevant suppliers. If you do not wi ... these sales information from other companies please write to Ben Martin at CMP Information Ltd. Origination by TSS Digital, 52 Northdown Road, Margate, Kent CT9 2RW. Printed by Headley Brothers Ltd, The Invicta Press, Queens Roa Ashford TN24 8HH. Registered at the Post Office as a Newspaper 22/14/16S

Register now to Pharmacyupdate your CPD

Over 30 hours continuing education for only £25

Pharmacyupdate delivers over 30 hours of accredited learning material during the year.

Test your understanding of the weekly articles in C&D using the monthly question papers and telephone marking. All registrants receive bi-annual accreditation letters.

If you miss an article, the entire archive of accredited features is posted on Dotpharmacy at www.dotpharmacy.com.

Northern Ireland pharmacists will have their registration fee paid by the NI Centre for Pharmacy Postgraduate Education and Training.

Just complete the coupon and send it with a cheque for £25.00.
Alternatively, call Mary Prebble on 01732 377269 with your credit card details.
For further information, call Mary on the above number.
Pharmacy Update is supported by Genus Pharmaceuticals.

Please register me on **Pharmacy**update for 2003.
I enclose a cheque for £25.00, made payable to CMP Information.

Name

Address

Postcode

Daytime telephone number

☐ Tick this box if you are from Northern Ireland and registering under the NICCPET scheme

Send this completed form to: Mary Prebble, Pharmacy Projects, CMP Information, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

What is the only OTC treatment for mild external ear infections

Mild external ear infections are a common problem with 9% of the population suffering symptoms such as itching, redness and slight discomfort of the ear.[1] EarCalm Spray is the only treatment you can recommend for mild external ear infections; early treatment may help prevent the infections progressing and so help avoid unnecessary GP visits[2,3]. Its active ingredient, acetic acid, is both antibacterial and antifungal.[2,3] And because it's a spray, it's convenient, easy to use and gives better coverage of the ear surfaces,[2,3] compared to drops so aiding patient compliance.[4]

EarCalm SPRAY
acetic acid

EarCalm. A simple solution.

Product information. Presentation: Non-pressurised pump action aerosol spray containing glacial acetic acid Ph. Eur 2.0% w/w as a milky, particle free mobile liquid. **Uses:** Treatment of superficial infections of the external auditory canal. **Dosage and Administration:** Adults, children over 12 years and the elderly: One metered dose (60mg, 0.06ml) to be administered directly into each affected ear three times daily (morning, evening and after swimming, showering or bathing). Continue treatment until two days after symptoms have disappeared, no longer than seven days. Discontinue use if there is no clinical improvement after seven days. **Contra-indications, warnings, etc:** Known sensitivity to any of the ingredients. Not recommended in children under 12 years without medical supervision. **Pregnancy/Lactation:** There are no restrictions to the use of the product in pregnancy and lactation. **Special Precautions:** Patients who are known to have a perforated eardrum should only use under medical supervision. If pain occurs during use, or if symptoms worsen or do not improve within 48 hours or if hearing becomes impaired, stop treatment and refer to a GP. **Pharmaceutical Precautions:** Store upright in the carton below 25°C. Shake bottle before use. Before first use, prime the pump by depressing actuator 6-10 times until a fine spray is obtained. Use within one mont first use. Avoid spraying near eyes. **Legal Category:** P **Basic** **Cost:** £3.80. R.R.P.: £6.38 **Product Licence Number:** 0036/0 **Product Licence Holder:** GlaxoSmithKline Consumer Healthc 980 Great West Road, Brentford, Middlesex TW8 9GS. **Date of Revis** June 2002. **References:** 1. Prime data. 2. Malik M *et al.* JAM. MED. 1975:89-47. 3. Paulose *et al.* J Lar. Otol. 1989:103:30-35 4. Smith Moodie, J. Current Medical Research and Opinion 1990: 12,12-18. EarC is a registered trademark of the GlaxoSmithKline group of compar

GlaxoSmithKline